


1970

## Jefferson Alumni Bulletin – Volume XIX, Number 2 Special Issue 1970

### Let us know how access to this document benefits you

Follow this and additional works at: [http://jdc.jefferson.edu/alumni\\_bulletin](http://jdc.jefferson.edu/alumni_bulletin)

 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medicine and Health Sciences Commons](#)

#### Recommended Citation

"Jefferson Alumni Bulletin – Volume XIX, Number 2 Special Issue 1970" (1970). *Jefferson Medical College Alumni Bulletin*. Paper 135.

[http://jdc.jefferson.edu/alumni\\_bulletin/135](http://jdc.jefferson.edu/alumni_bulletin/135)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Jefferson Medical College Alumni Bulletin by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

# *Jefferson*

MEDICAL COLLEGE

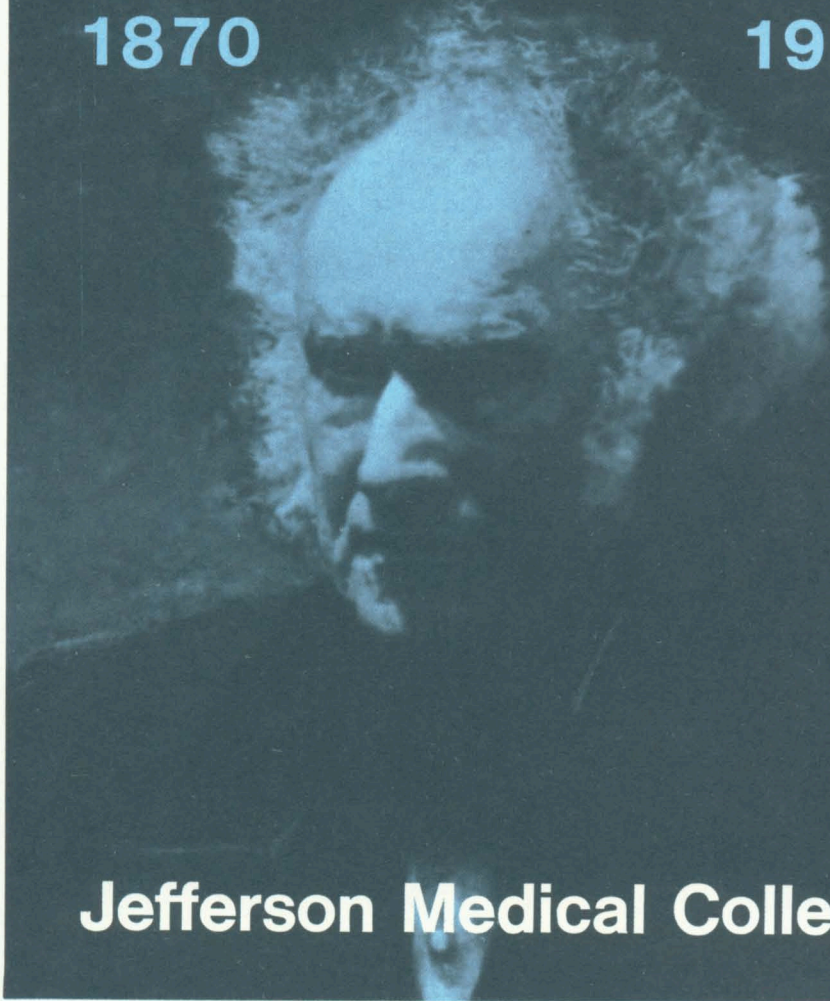
ALUMNI  
BULLETIN

Special Issue

## CENTENNIAL OF THE ALUMNI ASSOCIATION

1870

1970



Jefferson Medical College



## THE ALUMNI ASSOCIATION: Then, Now, and Tomorrow

by Abraham E. Rakoff, M.D.

**T**onight we celebrate our centennial birthday. A hundred years is a remarkably long time as it is counted in the life span of an individual, but in the history of an academic institution, it is hardly comparable to a generation. The Jefferson Medical College was about forty years old before its Alumni Association was conceived and, from a perusal of the past minutes of the Association, we calculate that the period of gestation was about five years. The fledgling organization was born on March 19, 1870. The delivery was attended by the renowned Samuel D. Gross, who promptly took charge as the first President of the Jefferson Medical College Alumni Association.

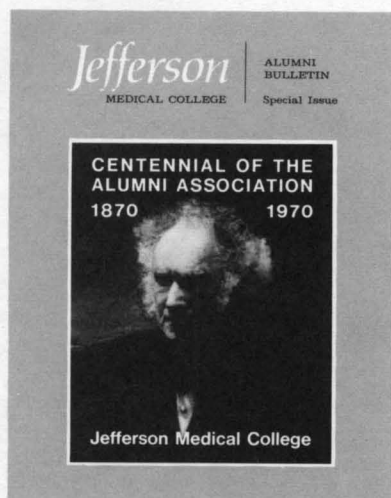
When we examine the man and his career, it is not at all surprising to find that Professor Gross became at once the father, accouchier and the first President of the Alumni Association. Gross matriculated at Jefferson in 1826 at the age of 21 and was graduated with honors in the class of 1828. In his *Autobiography* he writes with enthusiasm of the many opportunities which were offered to him as a student, and he notes that he was particularly fond of his courses in Anatomy and Surgery. Indeed it was this combined interest in the basic sciences of medicine and their practical application to patients which characterized his subsequent professional career. This is quite evident from his curriculum vitae.

During his first five years in practice, first in Philadelphia opposite Independence Square, and then in his home town of Easton, Gross devoted his spare time to anatomical investigations on cats, dogs and pilfered corpses. He also worked on the first translations of foreign works in this country of texts in medicine and surgery. His first academic post came in 1833, when he was appointed Demonstrator in Anatomy at the Medical College of Ohio. In 1835 Gross was appointed to the Chair of Pathologic Anatomy in the Medical Department of the Cincinnati College and here he delivered the first course of lectures on morbid anatomy ever given in the United States. Gross declined the Professorship of Medicine at the University of Virginia and the chair of Anatomy at the University of Louisiana, but in 1840 he moved to Kentucky as the Professor of Surgery in the University of Louisville, where he remained for sixteen years. When it was offered in 1855, Gross declined the chair of Surgery in the University of Pennsylvania Medical School. However the following year he accepted a call which he felt he could

*continued on page 48*

---

*Dr. Rakoff, retiring president of the Alumni Association, delivered this address on the occasion of the annual dinner and meeting on March 19 in Jefferson Hall.*



## IN THIS ISSUE

This special issue of the ALUMNI BULLETIN celebrates one hundred years of history for the Alumni Association of Jefferson Medical College. There have been many stars in the cast of Jefferson personalities over the course of a century, perhaps the greatest being the Association's founder, Samuel D. Gross. Gross and "The Gross Clinic" are an essential part of a commemorative issue and a tribute to the founder by the current President, Dr. Abraham E. Rakoff, leads off the issue. Dr. Rakoff in his remarks before the Annual Business Meeting recalls the address given by Samuel D. Gross at the first anniversary meeting of the Alumni Association and restates the purpose of the organization as did Gross then. Three feature articles point up the prominence attained by several alumni. "Physician to the President" recounts associations between United States Presidents and Jefferson physicians. In "Battlefield Medicine" Civil War facts concerning Jefferson men come to the fore. "The Last Clinic" is John Chalmers DaCosta's address on that occasion and in it he reflects on Jefferson's masters of surgery in the oratorical style which helped to make him one of Jefferson's greats. These "Greats" are the subjects of the series of profiles which concludes the centennial issue.

## PUBLICATION COMMITTEE

GONZALO E. APONTE, M.D.

*Chairman*

ROBERT L. BRECKENRIDGE, M.D.

JOHN J. DOWLING, M.D.

JOHN J. GARTLAND, M.D.

WARREN P. GOLDBURGH, M.D.

JAMES H. LEE, JR., M.D.

JOSEPH F. RODGERS, M.D.

EDWARD A. TEITELMAN, M.D.

BURTON L. WELLENBACH, M.D.

# Jefferson

MEDICAL COLLEGE

ALUMNI  
BULLETIN

Special Issue

Volume XIX, Number 2

## Page

2	PHYSICIAN TO THE PRESIDENT
10	BATTLEFIELD MEDICINE
14	THE LAST CLINIC
24	SOME JEFFERSON GREATS
37	JEFFERSON SCENE
39	CLASS NOTES

NANCY S. GROSECLOSE, *Editor*

ELINOR BONNER, *Associate Editor*

Published four times a year, Fall, Winter, Spring, Summer  
Second Class Postage Paid at Philadelphia, Pa.

The Alumni Association of Jefferson Medical College  
1025 Walnut Street, Philadelphia, Pennsylvania 19107



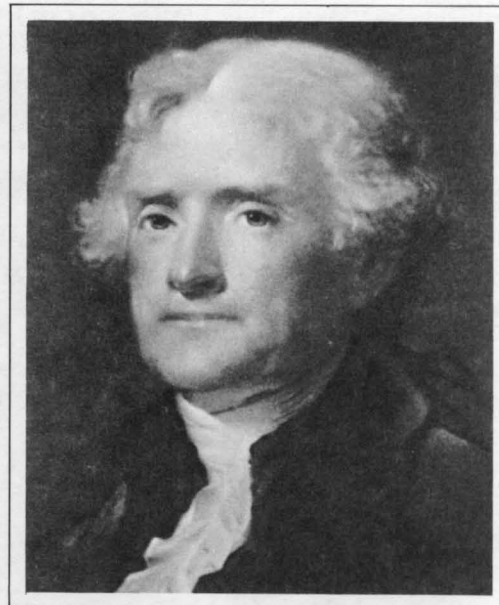
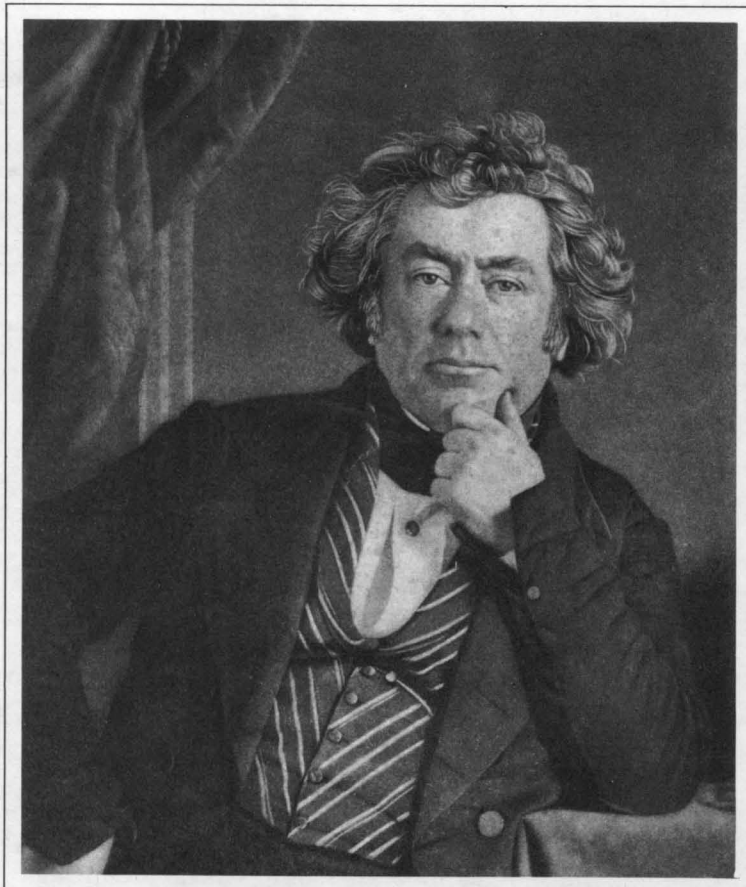
# PHYSICIAN TO THE PRESIDENT

*Nearly half of the Presidents of the  
United States from Thomas Jefferson  
to John F. Kennedy have been  
attended by Jefferson physicians.*

BY ELINOR BONNER

When adventure writer Robert Louis Stevenson loosed his imagination on a novel, the characters he conjured were bold and exotic, and their lives filled with the excitement of danger. But the kind of man he considered exceptional was none of these. "There are men who stand above the common herd—the soldier, the sailor, and the shepherd infrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule." His view is not a singular one. The physician has traditionally been awarded a unique esteem, largely because of the intrinsic value of his service. Consequently, the more socially valuable his patient, the more socially valuable his services—particularly when the patient is the President of the United States.

Historically Jefferson shows a heavy representation in this elite group of physicians. When the role of "White House Physician" became official during the administration of James Buchanan, the first man to hold the job was a Jefferson graduate, Jonathan M. Foltz, 1830. This was not, by far, the first time a Jefferson man attended a president. Earlier in the century Robley Dunglison, a future Jefferson Dean, was personal physician to Thomas Jefferson. Since then Jefferson graduates and faculty members have attended presidents at birth, at death, and often in their prime.



*Thomas Jefferson*

*Robley Dunglison*

The Jefferson-Dunglison association is one of the most personal of these. It was 1824 when the two met. Jefferson at the age of eighty-two had completed his role in shaping the political structure of the nation. His attention now was directed toward founding the University of Virginia, and the task of establishing the University's medical school proved a problem. Jefferson was finding that the most capable professors in the country were already engaged. Unwilling to settle for less than the best, he sent a representative abroad in search of a competent faculty. The move was highly criticized in this country, but Jefferson would not compromise.

On his arrival in London, Francis W. Gilmer, Esq., Jefferson's trusted representative, was referred to the young Dr. Robley Dunglison, a physician from Keswick in the Lake District of England. Gilmer found Dunglison to be "a very intelligent and laborious gentleman and a writer of considerable eminence in various medical and anatomical subjects," and recommended him highly to Jefferson. Dunglison was then twenty-seven. Jefferson at eighty-two seemed open to the recommendations given him by Joseph Priestley in 1800, that young men be engaged for the professorships at the University. Gilmer extended an offer to Dunglison, and Dunglison accepted. Though his profes-

sional prospects in England looked more favorable at the time, Dunglison was persuaded by one overruling factor. Her name was Harriette Leadam, whom Dunglison could not expect to be able to marry for several years if he stayed in London. "If I embraced the American offer," he recalled in his autobiography, "I could do so immediately." He decided, she accepted and they were off to America. Neither Dunglison nor Jefferson ever regretted the move.

The new Professor of Medicine at the University of Virginia became a renowned educator-physician, eventually Dean of Jefferson Medical College during one of its most critical stages of growth, and, not least, the only physician in whom Thomas Jefferson ever placed his trust. Jefferson claimed it was "not to physic that I object so much as physicians . . . time and experience as well as science are necessary to make a skillful physician, and Nature is preferable to a bad one." Jefferson wrote Dunglison, "I had therefore made up my mind to trust to her altogether, until your arrival gave me better prospects." He had occasion to form an opinion of his new Professor of Medicine's professional abilities shortly after he arrived in the States. Jefferson had suffered from an irritation of the bladder for some time. Inconvenienced by urinary frequency, he consulted Dunglison. Dunglison's examination disclosed a stric-



ture of the prostatic urethra from an enlarged prostate. The condition was alleviated by a bougie, which Jefferson soon learned to pass himself. It was May 17, 1824 when Jefferson first consulted Dunglison. Within the next two weeks, Dunglison made eight professional visits to Monticello to see the ailing Jefferson. Despite his attitude toward physicians and physic, Jefferson was an excellent patient. On Dunglison's visits to Monticello, Jefferson would show him notes indicating the times at which he had taken the prescribed remedies.

On July 8, Dunglison received a communication from Jefferson saying, "I had been too sanguine in believing that my complaints would wear off," and asking him to come to Monticello. Dunglison made the trip from Charlottesville on horseback several times again. (Though he missed a few days when "an abcess occasioned by the sun powerfully heating my saddle" was not sufficiently healed to permit him to ride.) Since Jefferson had finished the supply of pills prescribed by Dunglison, in his absence the doctor prescribed fifty drops of laudanum and continued use of "mucilaginous or oily drinks."

### *Friend and Physician*

Dunglison's visits to Monticello were not always professional. On a purely social basis, Dr. and Mrs. Dunglison dined with Jefferson two or three times a week. The favored doctor always had his seat at Jefferson's left; almost always there were other guests. Too often the visitors were mere curiosity seekers, Dunglison felt. As Monticello was a distance from any inn, a visit late in the day was expected to bring an offer of accommodations for the night. Jefferson sometimes found the imposition to be just that—an imposition. Once, he and Dunglison, seated on the porch, spotted a group approaching. The spokesman claimed his privilege as an American citizen to inspect Monticello and greet its proprietor. "It appeared to me to be evidently the desire of the party to be invited to stay the night," Dunglison recounted. Jefferson greeted them politely, as always, invited them to look around, but not to spend the night. Jefferson's embarrassed circumstances made the immense influx of visitors most inconvenient. Dunglison felt too, that while Jefferson communicated freely to those on whom he could rely, "in his own house he was occasionally free in his speech even to imprudence to those of whom he did not know enough to be satisfied that an improper use might not be made of his candour."

Dunglison had numerous opportunities to witness the private life of Thomas Jefferson. Totally amiable in his domestic relations, Jefferson had the devotion of his family. Though he was respected also in the neighborhood, there he had more personal detractors. This was due partly to differences in political sentiment, but also, to the religious views Jefferson was believed to hold. In defense of his patient-friend, Dunglison points to the fact that Jefferson

did not withhold his aid when a church had to be established in the neighborhood, and that he subscribed to the Episcopal Church in Charlottesville. His religious views coincided more directly with those of the Unitarians, but he was unfettered by sectarian prejudices.

While their friendship grew, so did Jefferson's need to consult Dunglison on a professional basis. Jefferson had for many years been subject to diarrhea, which Dunglison thought the former president treated "with too much indifference." In December of 1825, Dunglison prescribed "six grains of Rhubarb and fifteen of Magnesia every other night in a little milk." If Jefferson's symptoms were aggravated, he was to abstain from "vegetable food, living on animal food and biscuit." Dunglison believed the disease was one of irritation of the lining of the membrane of the intestines. "The exciting cause is often seated in the intestines themselves; . . . according to which gentle cathartics should be exhibited in the first instance and repeated if necessary." While Jefferson's physical condition was declining, his intellect remained clear and his discourse, vigorous.

In the spring of 1826 his condition had seriously deteriorated. His diarrhea troubled him. This may have been due to self-medication with calomel, to which Jefferson was prone, or to amebiosis. But in retrospect, medical thinking holds malignancy of the bowel to be the most likely diagnosis. Dunglison had prescribed for him in early June, with no improvement shown. On the twenty-fourth of June, Jefferson wrote Dunglison, asking him to visit, as he was not well. This was one of the last notes he penned to anyone. Dunglison went to Monticello immediately. For the next eight days of life remaining to Jefferson, Dunglison was by his side. As Jefferson's strength gradually diminished, he was forced to remain in bed. Dunglison apprehended the worst, seeing in Jefferson a "loss of elasticity." During this time Jefferson spoke freely of death, arranged his private affairs, and expressed considerable anxiety for the prosperity of the University of Virginia. Dunglison recalled, "In the course of the day and night of the second of July, he was affected with stupor; with intervals of wakefulness and consciousness; but on the third, the stupor became almost permanent. About seven o'clock in the evening of that day, he awoke, and seeing me standing at his bedside, exclaimed "Ah! Doctor are you still there?" in a voice however, that was husky and indistinct." Jefferson then asked, "Is it the Fourth?" He and Dunglison had discussed the nation's government extensively, and Dunglison greatly admired the philosophy and literary style of the Declaration of Independence. Dunglison knew the significance of Jefferson's question. "It soon will be," he replied. Jefferson's last hour was one o'clock, July 4, 1826.

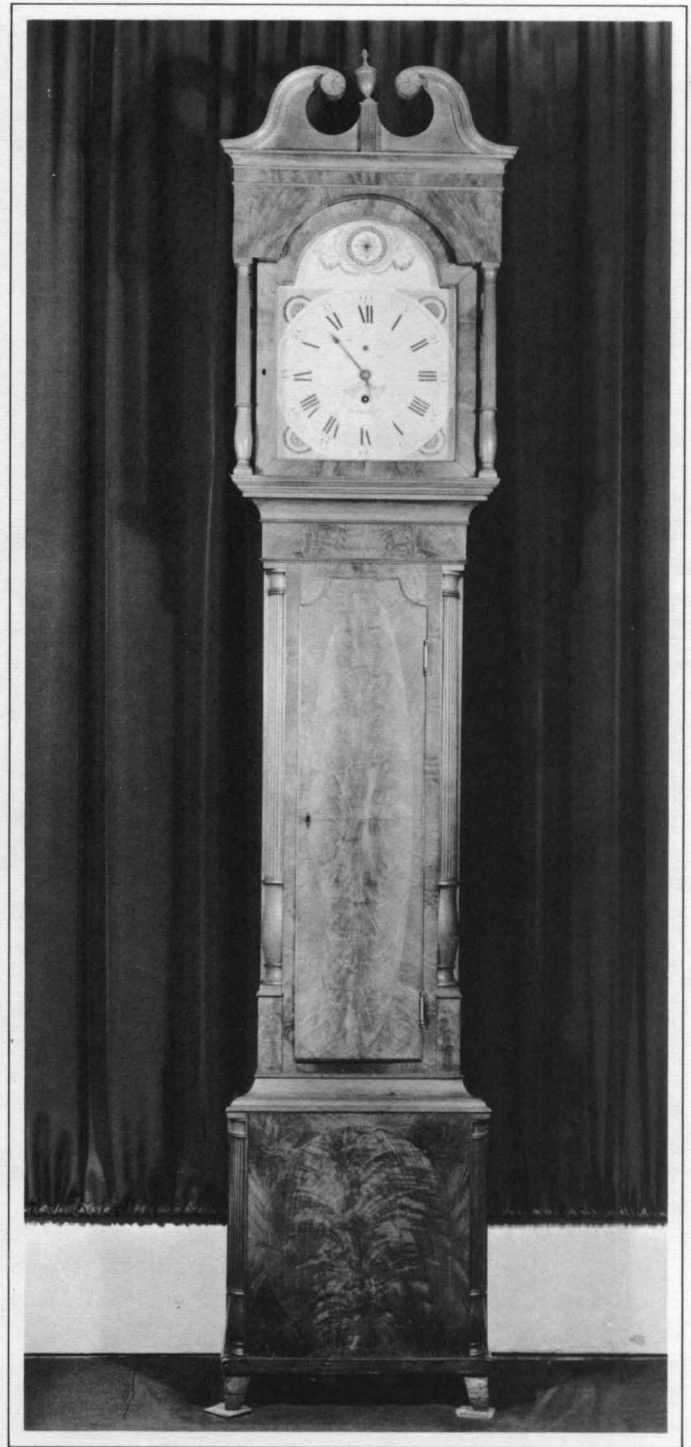
Since the Jefferson-Dunglison relationship had been a personal as well as a professional one, the two disagreed on compensation for Dunglison's services. It was the subject



of several letters between them. Jefferson kept a careful account of Dunglison's services on two small scratch sheets which are now in the Library of Congress. After several futile attempts to have Dunglison accept a fee, Jefferson wrote him of his concern on November 26, 1825, of his preference of nature to an unskillful physician—but of his overall preference of Dunglison. Even in this he was likely to be disappointed, Jefferson wrote, “by a refusal on your part to receive a just compensation for your service, without which it is impossible for me to consent to the trouble of your rendering them.” With the letter he enclosed a sum he had arbitrarily set on.

Jefferson's family sympathized with him on the matter. When he died, the family presented to Dunglison the thermometer which Jefferson had used for forty years. (Jefferson felt that one of the best times for taking the observation was three o'clock in the morning.) Dunglison too had always admired the clock which stood in Jefferson's bedroom. An eight-day wind up grandfather clock, its insides were marked to indicate the day of the week by the level of the weight in the clock. “Isolated, as it were, on Monticello, Dunglison observed, “and often in the recess of his own study, the precise day of the week might readily escape him, and this was a convenient method of reminding him thereof.” The clock was offered for sale among the other items in Jefferson's estate, and Dunglison was determined to have it. The clock was put up, and the bidding soon reached one hundred dollars. Dunglison bid up to one hundred and fifty dollars, but lost to Nicholas P. Trist, one of Jefferson's favorites and an executor of his will. Dunglison immediately approached Trist to apologize for having unwittingly bid against the family's desire to possess the clock—when Trist told him that he had been commissioned to buy it in order that the family might present it to Dunglison.

Dunglison had his first presidential association with Thomas Jefferson, but not his last. Presidents James Monroe, James Madison and Andrew Jackson were among his patients also. Jefferson's close friend, Madison, became Dunglison's trusting patient as well and refused to take any medication unless approved by Dunglison. Dunglison also treated James Monroe, again after his term as President. Monroe's intellectual powers made a less favorable impression on Dunglison than did those of Madison or Jefferson. “Mr. Jefferson had more imagination, Mr. Madison excelled perhaps in judgment,” Dunglison observed. While Dunglison was in Washington he was called in to treat the then seventy year old Andrew Jackson, who complained of pain in the side. The remedy his physician had tried was bloodletting, during which Jackson was accustomed to losing a quart of blood and bearing it like a stoic. Dunglison carefully examined the side, and the various wounds there from numerous encounters. Dunglison recommended a strong counter irritant—a warm plaster animated by can-



*Jefferson's prized grandfather clock was presented to Dunglison after his patient's death.*

tharides. Jackson applied the painful remedy for longer even than prescribed by Dunglison, and developed a blister which relieved him of his pain entirely. The credit for the cure was all Jackson's, the doctor assured the patient with his admiration.

## Secret Surgery

It was nearing the close of the nineteenth century when another Jefferson physician became vitally important to the President's health. The involved were President Grover Cleveland and Dr. William W. Keen, Professor of Surgery at Jefferson. The circumstances made the course of the President's illness a matter of the nation's economic survival or doom. The treatment gave rise to a mystery which was not answered for the American public until twenty-four years after the event.

Grover Cleveland had been in office only a few months when he complained to his physician, Dr. R. M. O'Reilly, of a "rough spot" on the roof of his mouth. Examining it, the physician found an ulcer as large as a quarter, extending from the bicuspid teeth to within one-third of an inch of the soft palate and some diseased bone. He took tissue samples and sent them anonymously to the country's top pathologist, Dr. William H. Welch, for analysis. His diagnosis: malignant. A serious situation in itself, the danger was compounded by the panic which gripped the nation over the financial crisis. The Sherman Silver Purchase Act of 1890 was a compromise, a "truce," as Cleveland called it, between the advocates of free coinage of silver and their opponents. The Act imposed an additional annual purchase of fifty-four million ounces of silver, against which treasury notes were issued, redeemable in gold or silver. Most took gold, of course. As Cleveland took office, the gold reserve was down from \$185 million to \$101 million, and would fall further. In 1893, 640 banks clanged shut their doors. Unemployment spread and starvation hit the working masses. Cleveland's answer was to attempt the repeal of the Silver Act. On June 30, Congress having recessed without repealing the Act, Cleveland called for a special session of Congress to open August 7. On the same day, he made another decision, one which he did not announce to the public: he would have surgery on his cancerous mouth in that six week interim.

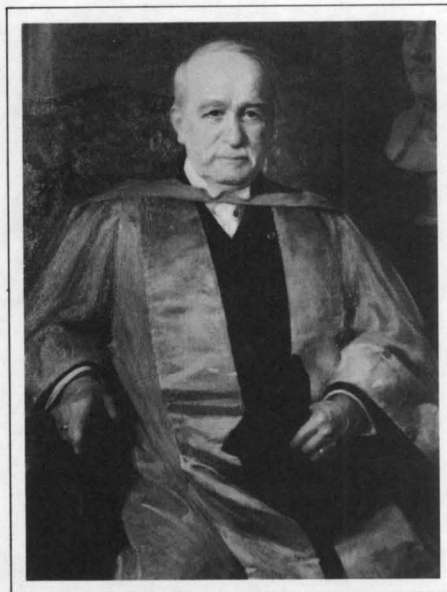
The President had made the decision immediately when his friend Dr. Joseph Bryant assured him, "If it were in my mouth, I'd have it out." But, he stipulated, it must be done in complete secrecy and there must be no visible traces of surgery when he addressed Congress on August 7. Had the seriousness of the operation become public knowledge, the panic could have become pandemonium. As it was, the Vice President, Adlai E. Stevenson, was a pronounced silver man. With his position enhanced by awareness of the President's serious illness, the Sherman Act would not have stood a chance of repeal.

The former Press Secretary, Daniel Lamont, now Secretary of War, was consulted. He, Bryant and Cleveland chose July 1 as the day for the operation. Its circumstances were cleverly contrived—and crucial to secrecy. Moments after his call for a special session, the President and his

friends, Bryant and Lamont, left the White House and boarded the 4:20 train for New York. (Secret Service men were not assigned to the President until the McKinley assassination in 1901.) At this point the President disappeared from the public eye. No press releases were made on his departure. Were he discovered, the story would be that he was headed for his summer home on Cape Cod, where his young and pregnant wife had gone already.

At their New York destination, the President and his party took a common carriage to the East River. Offshore lay the yacht *Oneida*, and aboard was its commander, Elias C. Benedict. The *Oneida* tender crept through the waters to ferry the President aboard. It had made several trips that day, ferrying aboard as casually as possible, Dr. O'Reilly, Dr. Edward G. Janeway, a prominent physiologist, Dr. Bryant's assistant, Dr. John F. Erdmann, Dr. Ferdinand Hasbrouck, a young dentist with a knowledge of the new anesthetic, nitrous oxide, and Dr. William W. Keen, one of the country's foremost surgeons. Aboard, the President smoked one more cigar. He moaned, not of his impending ordeal, but of "Those officeseekers—they haunt me even in my dreams!"

When the first sun of July rose, the *Oneida* set out for Long Island Sound. On deck Commander Benedict and Dan Lamont were in sight to present to curious eyes a picture of a routine holiday pleasure cruise. Inside, the scene was anything but that. The main cabin had been fitted as an operating room. The patient was to be seated with his head tilted back in a straight back chair which was lashed to the mast. Nearby were Dr. Hasbrouck's anesthesia equipment, a generator for magnetocautery, and instruments for surgeons Bryant and Keen. Beside the pa-



William W. Keen



tient's chair was another for Dr. Janeway, who would be checking pulse, blood pressure and respiration throughout the operation. Boiling water and cracked ice were plentiful.

The patient's mouth was cleansed and disinfected frequently throughout the morning. It was almost noon when he was led from his stateroom to the operating area. Strapped in, he submitted to the anesthesia easily. Dr. Hasbrouck first extracted two bicuspid teeth under nitrous oxide. The entire upper left jaw was removed from the first bicuspid tooth to just beyond the last molar, and nearly up to the midline. A portion of the soft palate was removed. The floor of the orbit was retained, preventing any displacement of the eyeball. The surgery was more extensive than the two surgeons anticipated, because the antrum was partly filled with a gelatinous mass, apparently a sarcoma. The diagnosis was later confirmed by pathologist Welch.

How the extensive operation could be undetected from his appearance was a major concern of the President. Dr. Keen made this possible by use of a cheek retractor which he had brought from Paris in 1866. This enabled Bryant and Keen to work exclusively within the mouth, avoiding any telltale external scar. Hemorrhaging amounted to about six ounces in all. At one fifty-five in the afternoon, the operation was completed, and the patient's pulse was eighty. His jaw had been packed with gauze and he was safe in bed. At two fifty-five one-sixth of a grain of morphine was administered, the only dose the patient received at any time. The patient's temperature after the operation remained below one hundred degrees and his pulse was usually ninety. Through the packings in his mouth the President could speak intelligibly; without them, he was wholly unintelligible. The secrecy of the operation depended upon no outside evidence, and this one was only too evident. An orthodontist from New York, Dr. Kasson C. Gibson,

solved the problem by molding an artificial jaw to fill the gaping hole in the President's mouth.

On July 2, the President was up and able to walk around. On July 3, he was up all day. Dr. Hasbrouck was left ashore on the third, at his own insistence. On the fourth, Dr. Keen was put ashore at Sag Harbor. On the fifth, the yacht reached Cape Cod and the President walked from the launch to his home, Gray Gables, with little apparent effort.

The waiting and by now fretful press, who had had no word on the President's whereabouts for five days, were told that he had been treated for two ulcerated teeth and a recurrence of pedal rheumatism. Secretary Lamont confronted the onslaught when the press sighted the *Oneida* offshore, and assured the reporters that the President's illness was indeed minor. He expressed shocked dismay at the suggestion of a possible "malignancy."

At Gray Gables the President worked on his August 7 message to Congress. He had made little progress on it when Dr. Bryant decided on another *Oneida* jaunt to see how the wound was healing under the artificial jaw. Neither Keen nor Bryant was surprised to find that not all the diseased tissue had been removed. This operation was a brief one and the President recovered quickly. The press did not miss him and secrecy was maintained.

On August 5, the President insisted on returning to Washington to collar some members of Congress and impress on them the urgency of repealing the Sherman Act. On August 7, he delivered his message to Congress in a voice clear and resonant, evidencing nothing of his ordeal to his audience. He then returned to Gray Gables to resume his recovery. On August 28 the House voted 239 to 108 for the repeal; on October 30, the Senate voted in the same direction, 48 to 37.

The seriousness of the President's illness and the nature of the procedures which took place on board the *Oneida* almost leaked—but not quite. Dr. Hasbrouck, late for another operation, asked to be put ashore earlier than was feasible for the President's health. In defense of his tardiness, he offered his colleagues the truth of his whereabouts. One of them, disturbed at being put aside, even for the President, slipped the news to a reporter friend by the name of E. J. Edwards, who signed his work "Holland." The rumors spread, but received only adamant denial from all involved, except Hasbrouck, and were largely squelched.

Twenty-four years later Dr. Keen felt he could vindicate the reporter's reputation. In a September 1917 *Saturday Evening Post* article, he published a full account of the disappearance of President Grover Cleveland. By now he and Dr. Erdmann were the only ones living who had attended both operations. Dr. Keen felt it a duty "to make the facts a matter of public record before all of us had passed away."



President  
Grover Cleveland



## Doctors' Dilemma

Dr. Keen's account of the Cleveland operations made clear the truth for history; but it by no means resolved a dilemma for future presidential physicians. From that time the public's desire for immediate and accurate information about the President's health was satisfied, but the decision making process that went behind such announcements became no less difficult. No one knows it better than a 1905 graduate of Jefferson, Dr. Howard McC. Snyder, Major General, retired. Dr. Snyder was personal physician to and a long time friend of the late Dwight D. Eisenhower.

Dr. Snyder's first official association with Eisenhower came during World War II, when Snyder—then Assistant to the Inspector General of the U.S. Army—was called on by 'Ike' to explain an inspection report criticizing certain Army medical operations of the Allied Expeditionary Forces in Europe. The success of General Snyder's explanation is attested by Ike's requesting Snyder to remain on active duty after World War II in spite of being past his 65th birthday and normal military retirement age. When Eisenhower retired in 1948 and became President of Columbia University, Snyder went with him, and when Ike stepped back into uniform to become the first Commander of NATO forces in 1950, he recalled Snyder to duty and assigned him responsibilities as Senior Medical Officer of Supreme Headquarters, Allied Powers Europe (SHAPE).

Dr. Snyder enthusiastically accepted Ike's next call to duty when, at age 71, he was tapped to be personal physician to the newly elected President, an office in which he served vigorously for the next eight years. It was he who attended the President in his initial heart attack in 1955 and in later illnesses, and it was he who was responsible for the release of the medical information to the press. In his decisions several factors had to be weighed: the effect on the President's health and on his family, his governmental responsibilities and international implications. In a letter to the intimate associates of the President two weeks after his illness, Dr. Snyder explains his handling of the release.

*It was difficult for me to assume the responsibility of refraining from making public immediately the diagnosis of coronary thrombosis. I postponed public announcement because I wished the President to benefit from the rest and quiet induced by the sedation incident to combating the initial manifestations. This decision also spared him, his wife, and mother-in-law emotional upset attendant upon too precipitate announcement of such serious import. The end result was that all who were intimately concerned were much better able to accept this information, delivered by suggestion during the intermediate hours of rest which were afforded the President. This action, I believe, limited the heart damage to a minimum and enabled us to confirm the diagnosis by cardiogram*

*and make an unhurried transference from home to hospital. The procedure followed assured me of the diagnosis beyond a shadow of doubt before releasing this shocking information to the world.*

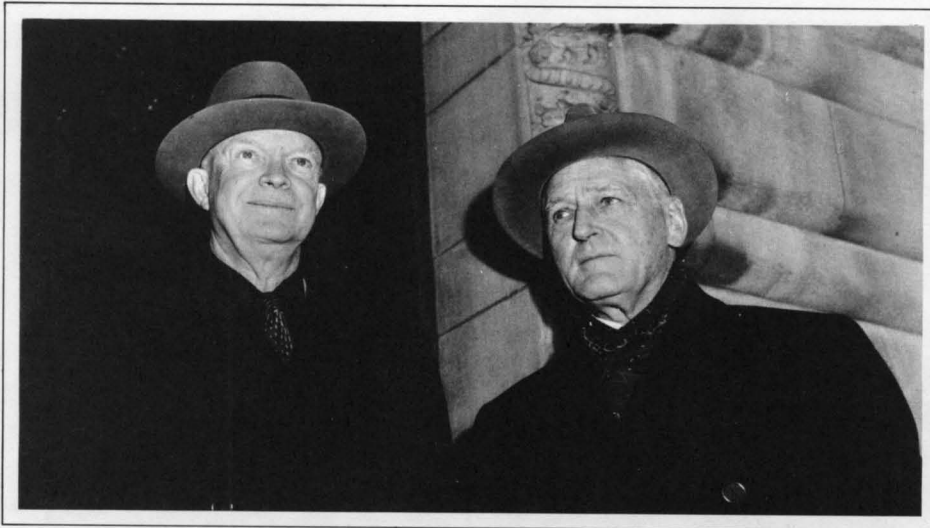
Dr. Snyder's resolution of the problem of releasing public information on the President's illness brought him high commendation from the press, who appreciated the open and cordial relations with the President's physician.

The medical action taken by Dr. Snyder seemed to involve fewer conflicts. When Dr. Snyder arrived at the President's bedside at 3 a.m. on Saturday, September 24, 1955, he described the President as "suffering with pain in the chest in an area approximately the size of a large hand centered along the intermamillary line." He broke a pearl of amyl nitrate for the President to sniff and prepared a hypodermic of one grain of papaverine and immediately thereafter, one-fourth grain of morphinesulphate; following that, the usual initial dose of heparin. A second hypo of one-fourth grain of morphine was necessary about forty-five minutes later to control the symptoms."

Relieved by the usual means of the initial shock, and after the above medication was administered, the President slept quietly for seven hours. When he awakened, an electrocardiogram was taken which indicated the lesion to be in the anterior wall of the heart. The President was transferred from home to hospital at this time, Dr. Snyder indicates, "without any upsetting incident in the psychological or physical sphere." The initial treatment was continued. "The early and repeated cardiograms, the temperature curve, the sedimentation rate, the blood pressure, and other vital signs indicated the lesion to be of moderate severity." With the President doing well shortly after the attack, and the cardiograms indicating that reparative processes were underway, Dr. Snyder was able to predict a complete and satisfactory recovery for the President. The President's progress and longevity credited the prediction.

Of the thirty-six presidents of the United States, sixteen have been treated by Jefferson physicians, before, during and after their terms of office. Perhaps the physician to have the earliest crack at any president was Dr. Thomas A. Emmet, class of 1850, who delivered Theodore Roosevelt. Since Roosevelt was a delicate child, Dr. Emmet advised his parents to take him west to "rough it," which they did. The result was a Spanish American War "Rough Rider," and a president with a colorful flair for robust living. Dr. Emmet claims just a little credit for setting his course.

Woodrow Wilson had encounters with three Jefferson physicians. When the U. S. S. George Washington sailed for Europe on April 11, 1919, the ship's Surgeon-in-Chief was a young Navy Commander named John Chalmers DaCosta, an 1885 Jefferson graduate. The ship's mission



*President-elect Dwight D. Eisenhower and his physician, Dr. Howard Snyder, class of 1905, stand outside Eisenhower's Morningside Heights residence at Columbia University after returning from a trip to the dentist in 1952.*

around a matter of the utmost national import: the health of President Woodrow Wilson, in Paris for the Peace Conference. Examining the President, DaCosta found his skills to be inapplicable in the President's health crisis. On their return to the States, DaCosta summoned another Jefferson graduate, Dr. E. Parker Davis '81, a friend of Wilson since their school days at Princeton, and now Professor of Obstetrics at Jefferson. Also consulted in Wilson's case was Dr. Francis X. Dercum, who held at Jefferson the first full professorship in neurology in Philadelphia. Dr. Dercum attended the President in the White House during his stroke.

An 1830 alumnus, Dr. Jonathan Messersmith Foltz, became the first regular White House Physician, and later, Surgeon General. Dr. Foltz and President James Buchanan were personal friends as well as professional associates. The President's professional relationship with Foltz had started when Buchanan was a President-elect. For the first two years of his presidency, Buchanan provided a White House office for his personal physician. Back in 1831, as a member of Congress, Buchanan had recommended Foltz to President Jackson when he was applying for a Navy appointment. Foltz did receive the appointment, but perhaps more substantially on the merits of his stamina than Buchanan's recommendation: Foltz had walked from his home in Lancaster, Pennsylvania, to make a personal appeal to President Jackson.

Prior to his Buchanan association, Foltz had treated another President, James Polk (1845-1859). As President Polk's health began to decline in 1848, Foltz attended him more closely, accompanying him on a vacation to Bedford Spring, Pennsylvania.

Another DaCosta attended another President. These two were Dr. Jacob M. DaCosta, class of 1852, who held the Chair of Theory and Practice of Medicine at Jefferson, and President Ulysses S. Grant (1869-1877). In 1884

retired President Grant was living in New York City, and his family and he were often visited by their friend, the famous DaCosta. On one of these visits, Mrs. Grant, worried about her husband's incessant coughing, asked DaCosta to examine him. DaCosta made no diagnosis, but referred Grant to a prominent New York throat specialist. He obviously at least suspected the cancer. DaCosta's classmate at Jefferson, who was also his brother-in-law, was another close friend of the Grants. Dr. John H. Brinton became attached to Grant when serving on the General's staff in 1861. When Brinton was reassigned, his successor was Dr. Samuel W. Gross, Jefferson, 1857.

In this century, President Howard Taft (1909-1913) was served by Dr. Thomas Leidy Rhoads, Jefferson 1892, during his administration. In the last half of the President's term, Leidy was his personal aid. Dr. Robert E. Duncan, 1919, was Assistant and Consultant to the Surgeon General during the Franklin D. Roosevelt administration.

Finally, and it can hardly be boasted, Jefferson physicians have participated in autopsies on three of four assassinated presidents. For Abraham Lincoln, Dr. William M. Noson, 1861, performed the duty. For President William McKinley, Dr. Hermanus L. Baer, 1850. Closest to the minds of this era is the assassination of John F. Kennedy, in whose autopsy, Dr. James J. Humes '48, participated. President James M. Garfield and Dr. Joel Pomerene, 1861, were friends from the time that Pomerene was surgeon in Garfield's regiment. At the President's request, Pomerene was summoned after the July 2, 1881, shooting. But the President's condition was beyond recovery.

The associations that Jefferson men have had with the nation's presidents range from the purely professional to the close and personal, but the number itself is impressive. Nearly half of the presidents of the United States, with the finest in medical treatment available to them, chose to be served by Jefferson physicians.





*President Lincoln visits General George B. McClellan after the Union victory at Antietam. The battle marked the first use of the Letterman system, devised by Jonathan Letterman, an 1849 alumnus. It proved a complete success. Letterman, at the extreme right, is facing the President. General McClellan, his left knee slightly bent, is facing the President also.*

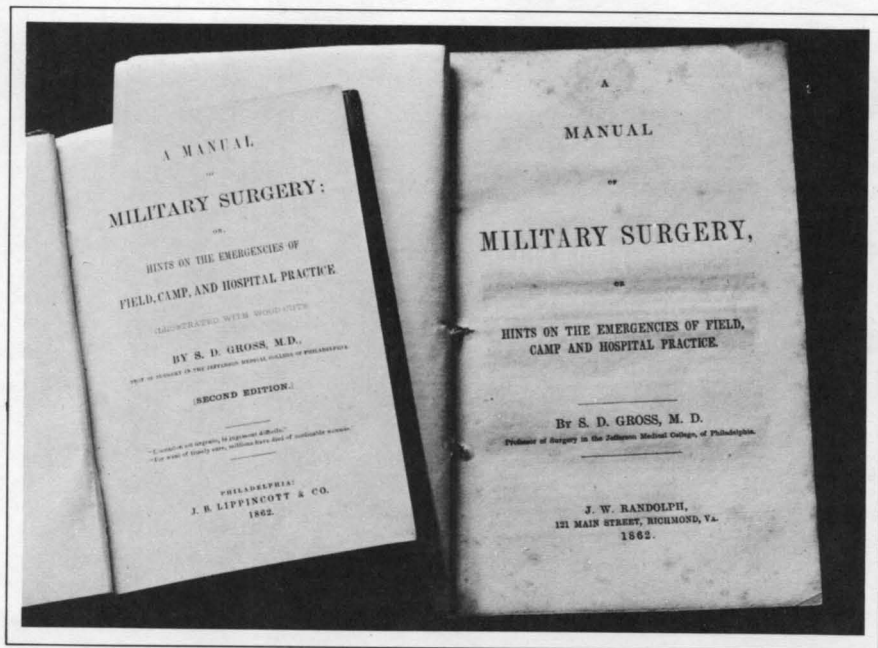
# BATTLEFIELD MEDICINE

*The Civil War presented a medical crisis  
which was met with no small degree of aid  
from some now famous Jefferson men.*

BY LEO RIORDAN

*Leo T. Riordan, former Director of Public Relations  
at Jefferson, is now resident historian.*





*Gross's Manual of Military Surgery, commissioned by the War Department, is pictured in its authorized version and in the edition pirated by the Confederate Army.*

The Civil War was a test to see if not only democracy could “long endure;” actually every institution was on trial. No exception was the medical profession, called upon to control disease with acute shortages of physicians and to treat wounds of increasing complexity on battlefields spread halfway over a continent.

During the Civil War American medical care became the best ever provided for servicemen. This was a tribute to all of our medical schools. Jefferson alumni entered the conflict early with four significant contributions which changed the course of military medicine in both the Army and the Navy.

### *A National Enrollment*

Unlike today's enrollment, which is overwhelmingly Pennsylvanian, Jefferson prior to the Civil War attracted a student body from across the nation. Through 1860 it had educated 4,644 physicians, 2,857 from what were to be the Confederate states, and 1,787 from the Northern states. In the 1859 class, Virginians outnumbered Pennsylvanians, forty-six to twenty-eight. The gathering storm found the students forming two unintegrated groups. The hanging of John Brown, December 2, 1859, and the subsequent provocative funeral procession through Northern cities added fuel to the fire. In a mass exodus in the 1860-61 academic year, one hundred and thirty students withdrew and transferred to the Virginia Medical College in Richmond. Dr. Hunter McGuire, who was teaching in a Philadelphia tutorial school and often lectured at Jefferson, arranged for these students to receive scholarships in Richmond. Whether he had inspired the move or merely re-

sponded to a plea for help is not clear. He became General Stonewall Jackson's personal physician and a distinguished surgeon. In 1888 Jefferson conferred an honorary degree upon him as the nation began to reunite. Jefferson alumni also helped to elect him President of the American Medical Association in 1892.

### *Physicians on the Battlefield*

Of the 11,000 physicians who were to serve the Union, not even five hundred had had any close connection with major surgery; of the 3,000 Confederates, apparently only twenty-seven had such backgrounds. Dr. John H. Brinton, 1852, who served as General Ulysses S. Grant's personal physician, met a Union doctor who told him that the first major surgery he ever saw was an emergency operation he had been forced to do himself! This was not unusual in the early years. The War Department was not unaware of the crisis. It commissioned Jefferson's Dr. Samuel D. Gross to write a *Manual of Military Surgery*. The Gross *Manual* was published in 1861 and immediately distributed. A second edition was needed in 1862. A copy of the book was captured by the Confederates, who recognized its great value and promptly reprinted it in Richmond. The author was identified by his Jefferson title as Professor of Surgery. A foreword regretted that “conditions beyond our control prevent us from making usual reprint arrangements.” Soon the physicians in both armies were studying military surgery under the master surgeon. In 1961, the South paid a thoughtful tribute to Dr. Gross. Both editions of his military manual were displayed side by side in a Centennial exhibit at the Richmond Academy of Medicine.



*Letterman's system of removal of wounded from the battlefield in operation.*

It was the Union Army that revolutionized military medicine—and it was particularly a Jefferson story. Major General Paul R. Hawley, USA, Retired, the World War II Chief Surgeon of the European Theater of Operations, whose M.D. was from the University of Cincinnati, told the story in a tribute to Dr. Jonathan Letterman, Jefferson 1849. Major Letterman, a career army man, became Medical Director of the Army of the Potomac under General George B. McClellan, son of Dr. George McClellan, Jefferson's founder. General McClellan had more respect for the M.D. than was found in most of the military. "At the start, there was no organized system of evacuation and treatment of casualties," General Hawley stated. "Each regiment was supposed to have at least a surgeon, a hospital steward and a mule-drawn ambulance." There was no medical organization in the high echelons to evacuate casualties collected by regimental units.

During the Peninsular Campaign, Letterman submitted to McClellan a plan for an ambulance corps. McClellan was a great organizer and favored anything which brought system to a function. So he approved. "However, before the ambulance corps could be completely organized," Hawley continued, "McClellan was relieved of command and Letterman . . . with him . . . then came the Second Bull Run . . . a medical debacle as well as military one." Wounded were still on the field five days after the battle. Then, McClellan was recalled and Letterman returned with him. The Ambulance Corps was organized and trained. At Antietam in September, 1862, the system proved its worth. Despite the fact that Antietam was the bloodiest one day battle in the history of the American Army to that date, the field was cleared of casualties within twenty-four hours. "But at Antietam there were still the small regimental hospitals—dozens in houses and barns.

To correct this, Letterman organized division hospitals—larger and better staffed," Hawley comments. "This improvement was tested at Fredricksburg in December, 1862. It still had a defect. Division hospitals were evacuated by railroad to rear base hospitals. Ambulances full of Division Hospital wounded would arrive at the railhead, but there would be no train for hours. Letterman corrected this with evacuation hospitals to care for casualties until they were fit to travel, and a train was ready." President Lincoln at General McClellan's urging arranged for Congress to mandate this system in the Army.

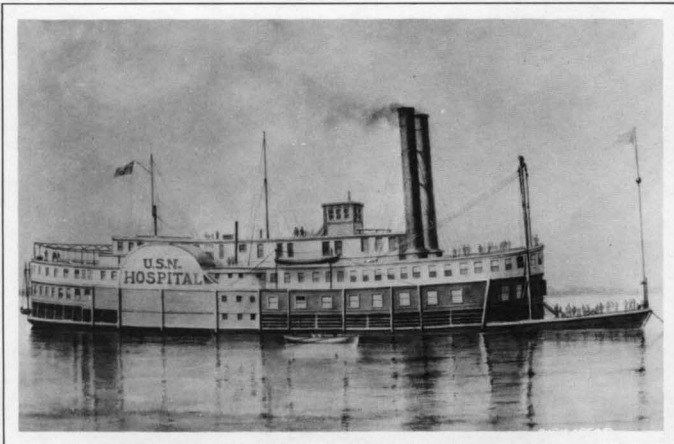
The Letterman system was adopted by European armies and is the system in use today with some modifications, of course, to adjust to the airplane and the advances in surgery. Letterman General Hospital, San Francisco, is the finest possible memorial to this innovator. Accident victims being rushed to hospitals today may never have heard of Letterman, but they too owe him a debt. The Bellevue Hospital, New York City, claims to have pioneered the nation's first civilian ambulance service in 1869. Dr. Edward B. Dalton, who launched it, said he adapted it from the Letterman system learned in the Army of the Potomac.

### *A Trio of Pioneers*

The contribution by the trio of Dr. S. Weir Mitchell, class of 1850, Dr. George R. Morehouse, also 1850, and Dr. W. W. Keen, 1862, is told in the sketch on Dr. Mitchell elsewhere in this issue (page 34). Their findings on the treatment and research of nervous disease and wounds of the nerves made possible the first broad study of this problem.

Although extremely busy and often working late at night, Dr. Mitchell found time to play a key role in the first of the great Sanitary Fairs. These events were designed to raise





*The Red Rover, the first hospital ship, was designed by Jefferson alumnus Ninian Pinckney.*

funds for the Sanitary Commission, an organization which paralleled the modern Red Cross and also reached into several other areas. The Commission was crucial to the steadily improving hospital system. It insisted on constant inspections.

When the Civil War started, there were alumni in service who were destined for later eminence. One, Dr. Jonathan M. Foltz, 1830, was the first Surgeon General of the Navy in 1871 and another, Dr. Charles Sutherland, 1849, was the first of three Jefferson graduates to serve as Surgeon General. His appointment came in 1890.

### *Pinckney Serves the Navy*

The Navy's contribution to victory in the Civil War is seldom remembered. One "first" provided by a Jefferson alumnus, Dr. Ninian Pinckney (also spelled Pinkney in some histories), helped the Army substantially. He outfitted a captured Confederate sidewheeler, the *Red Rover*, as a hospital ship. He had it equipped with elevators, screened windows and operating rooms. Nurses (Catholic nuns), who had volunteered for the war, served the patients. This may have been the first time female nurses served in the Navy.

Dr. Pinckney, an AMA founder, was its Vice President in the Centennial year, 1876, when Dr. J. Marion Sims, Jefferson 1835, was President. Pinckney's brother, William, the Protestant Episcopal Bishop of Maryland, recorded the crusade Dr. Pinckney carried on to obtain proper grade and rank for Navy medical officers. This may have made the Surgeon Generalship possible for Dr. Foltz. Some idea of his financial problems and the minimal Navy compensation can be gathered from his situation in 1836. Eligible for promotion to surgeon, Dr. Foltz was stymied by appropriations. To retain him, the Navy gave him permission to practice part time in Washington.

Admiral Farragut arranged to have Foltz accom-

pany him on a triumphal tour to display the fleet and subtly remind European governments that the Union had won the conflict. Dr. Foltz visited a palace courtyard in Paris where he saw several U. S. Army ambulances on display to indicate improvements that could be made on the French system. One of the final entries in Foltz's diary is an exultant item about delivering the address at the 1874 Jefferson alumni dinner and of his being elected a Vice President.

It seems that alumni treated the "name" patients in the military. Dr. John H. Brinton, 1852, was the personal physician to General Ulysses S. Grant; Drs. M. J. Asch, 1855, Samuel W. Gross, 1857, and Patrick Gregg, 1834, all served General Philip Sheridan and Dr. Addinell Hewson, 1850, removed a bullet from General George G. Meade's wound on the eve of Gettysburg. Dr. William Thomson, 1855, destined to be a distinguished ophthalmologist, was Letterman's Chief of Staff. He also headed Douglas Hospital in Washington and was medical inspector in the Capitol, where he was responsible for 23,600 hospital beds.

There were other alumni contributions, less dramatic, but still vital, in the field of administration, procedural improvement and, of course, in the routine medical treatment of soldiers and sailors on both sides. They made no new discoveries, but they applied their medical knowledge, mellowed by experience. Often they declined promotion to stay within their home county units. So it was not surprising that such men, never ranked higher than assistant surgeons, were lionized at reunions and often elected to head veterans groups.

Years of historical research and travel would be required to establish the accurate number of Jefferson alumni who served in the War. Research has turned up confirmations on 261 alumni in the war, 144 for the Union and seventy-seven for the Confederacy.

The Civil War can be a humbling study. Most Jefferson alumni know that the founder's son, General George B. McClellan, was Commander of the Army of the Potomac for part of the war. How many know that the grand nephew of Dr. George McClellan (his brother, Dr. Samuel McClellan's grandson) was General Henry B. McClellan, who served under General Robert E. Lee for the Confederacy? Or that a descendent of Thomas Jefferson, Dr. H. Browse Trist, 1857, had served in the peacetime United States Navy but then promptly joined the Confederate Army Medical Corps when the Civil War erupted? His mother, the former Virginia Randolph, was a granddaughter of Jefferson.

Another irony: Alumni as distinguished as Dr. Samuel D. Gross and Dr. Jacob M. DaCosta, 1852, do not appear on the rolls of the Union Army Medical Corps. Both continued to teach at Jefferson, but did yeoman work in direct- ing care at a major Philadelphia service hospital.



# THE LAST CLINIC



*John Chalmers DaCosta*

*In this speech before the last surgical clinic held in the old hospital amphitheater in 1922, John Chalmers DaCosta evidences the qualities for which he became so famous during his lifetime. He was the first Samuel D. Gross Professor of Surgery. Long before he achieved that status in 1910, however, he had proven himself a brilliant surgeon, teacher and author. His professional reputation made him one of the most sought after surgeons of his time. DaCosta the man was equally favored. His rhetoric was poetic, his knowledge, prodigious, and his zest for life, contagious. To his clinics, which for the last ten years of his life he conducted from a wheelchair, came the most renowned figures in medicine. In the audience at one of these was the founder of one of the country's most famous medical clinics. Aware of his distinguished guest, DaCosta invited him to say a few words. The visitor rose, said, "Following the greatest teacher of surgery in the world, what have I to say?," and seated himself.*

In this, the last surgical clinic which will ever be held in this room, I purpose deviating from the ordinary clinical routine and instead of showing cases will tell you something of the history of this room, a room which Dr. Nicholas Senn referred to as historical in the annals of American surgery.

For nearly half a century right in this room man has wrought for his fellowman, and wherever man has wrought for man that spot is holy ground. I intend briefly and necessarily in a superficial manner to touch upon some of the fine surgical traditions, some of the splendid recollections which are contained in the memories of this arena. These traditions and memories are lodged within our hearts as swallows' nests are built in house eaves. As I speak it seems to me as though the spirits of departed great ones arise and hover about us. I seem to look again upon loved and well-known faces and to hear the voices of many who have been gathered to the bosom of Infinity. I am as one who stands

*"In Thebes the hundred gated in the thoroughfare,  
Breathing as if consecrated a diviner air;  
And amid discordant noises of the jostling throng,  
Hearing far celestial voices of Olympian song."*

The first clinic was held in this room by the elder Gross, the final surgical exercises are being conducted by one who

now humbly tries to fill the Samuel D. Gross Chair of Surgery.

When this room was first put to use there was no science of bacteriology and no attempt at surgical cleanliness, although Pasteur had made some of his revolutionary discoveries and Lister some years before had put out his first papers on antiseptic surgery. The first surgeons in Philadelphia to use antiseptics were Dr. W. W. Keen and Dr. J. Ewing Mears in St. Mary's Hospital. The first person to use it in this room was the younger Gross. There was no laboratory of experimental pharmacology and no laboratory of experimental physiology in the United States. There was no journal devoted purely to a special branch, for instance, no *Journal of Experimental Medicine*. Local anesthesia had not been discovered except a poor apology for it as obtained by cold. The patients had to bear the pain or take a general anesthetic. Such a painful operation as opening a felon was done without giving ether. There was a certain recognized method used to cut a felon cleanly, deeply, and widely. The patient stood back of the surgeon. The surgeon drew the patient's arm between his arm and side and entered the knife at the base of the diseased digit. With an explosion of expletives the patient dragged his hand away and thus cut himself to the length desired.

Spinal anesthesia was undreamed of, although I am not entirely persuaded that we would not be almost as well off today without it. The first brain tumor had not yet been operated upon. The first brain abscess had not yet been localized and operated upon. Appendicitis was unknown in spite of the discovery made by Mellier of Paris back in the 20's of the 19th century. This brilliant young Frenchman believed that inflammation in the right iliac fossa came from the appendix. He showed a gangrenous appendix and a perforated appendix. Furthermore he thought the disease might some day be operated upon. Dupuytren maintained that inflammation in the right iliac fossa came from the cecum and the profession elected for sixty years to follow Dupuytren who was wrong and to reject Mellier who was right. The thousands of unnecessary deaths which resulted cannot even be guessed at. It was not until 1886 when Reginald Fitz of Boston wrote his epoch-making paper that the profession came to hold the appendix responsible for inflammatory conditions of the right iliac fossa.

The chest was never opened except to drain an empyema and this was regarded as a very dangerous operation. When the celebrated Dupuytren lay dying from empyema he refused to be operated upon on the ground that he had never seen such an operation succeed.

During the early years of this arena aspiration of empyema had great popularity and was doing much harm. It

was frequently used as an excuse to avoid operation and because of the absence of asepsis commonly led to mixed infection, particularly to putrid empyema. At the present day it is valued as a temporary expedient and as a diagnostic aid, but is not relied upon as a method of curative treatment.

At that time we had not the faintest conception of the bronchoscope or the esophagoscope or of the marvelous skill that was to be developed in the use of these instruments, skill such as is displayed by my distinguished colleague, Dr. Chevalier Jackson, and which suggests magic or at least legerdemain. He extracts foreign bodies from the air passages as easily as one might lift a jack knife from the trousers pocket.

The suprapubic cut was almost never made for stone in the bladder. The stone was removed by lateral lithotomy or was crushed and washed out by Bigelow's operation, which latter procedure is, of course, still used in proper cases. The first operation in this city for stone in the kidney was performed by the younger Gross and in this arena.

Goiter was never touched surgically, unless it was cystic, when it was perhaps tapped or injected with a coagulating or irritating fluid. Tapping did not cure the case and injection was a dangerous method.

I have given a bare sketch of the state of surgery when this arena was opened. Now let us see something of the distinguished men who have labored here.

The elder Gross was beyond all comparison the Emperor of American Surgery and the most distinguished surgeon of his day. Such a position of distinction had never been held before and in all probability will never be held by anyone again. He was one of the founders of the American Medical Association and he was the founder of the Philadelphia Pathological Society, the Philadelphia Academy of Surgery and that very distinguished body, the American Surgical Association. He always insisted on the close association of pathology, surgery, and medicine. He did not believe that a man could be a good surgeon unless he was a good pathologist and a good physician. In fact, he prided himself on his skill as a practitioner of medicine. He was a teacher of the first order. He taught with perfect clarity and with an emphasis that caused his hearers to imprint his words upon their memories. He was the very embodiment of dignity. Tall, erect, handsome, white haired and speaking with the highest authority. His experience was immense and his knowledge of literature was profound. He had written a pioneer book on surgical pathology, another on the bones and joints, another on the urinary organs and another on foreign bodies in the air passages. As Doctor Keen pointed out some years ago, he



wrote the first system of surgery ever written in America, a system of surgery which was regarded as the most authoritative text-book of its day. He wrote many professional articles, read many papers, wrote upon medical history and biography and upon military surgery. In fact, he was the greatest of surgical philosophers. Whenever I heard him lecture I felt that fifty years of American surgery were speaking through his lips.

He was a man of many honors, LL.D. of Cambridge; D. C. L. of Oxford; LL.D. of Edinburgh. Finally, on his death bed, when he was too far gone to realize it, he had conferred upon him that reluctantly and rarely given distinction for a Jefferson man in those days, the LL.D. of the University of Pennsylvania.

Let us look for a moment at a clinic in the elder Gross's day.

At that time there was a doorway on the northern end of the clinic, opening into a corridor, and which has since been closed up. By this doorway was the sink. The floor of the arena was wood. Above the northern doorway was a bust of Joseph Pancoast. Above the southern doorway was a bust of George McClellan, the founder of the school. In the center of the arena stood a wooden operating table, the table which is to be seen today in the Gross lecture room of the College. As a preliminary to the clinic a number of little tables would be brought in to hold the cases of instruments. The knives had ivory handles and were beautiful tools. Assistants set out different sizes of silk, various shapes and sizes of needles, marine sponges in basins, wax for strengthening ligatures, and perhaps a furnace for the actual cautery, such a furnace as is used by the tin roofer. Suppose the case was lithotomy. The patient was brought in under ether (Doctor Hearn administering the anesthetic), and he was pulled down to the end of the table, put into the lithotomy position and held in it by a frame and straps. On the floor, at the foot of the bed, was a wooden box of sawdust placed to catch as much of the blood as possible. Doctor Gross wore a long blue coat, a costume worn in many previous combats. Dr. James M. Barton was the chief assistant. The bladder was filled with water. A stone sound was passed into the bladder and was held by the chief assistant. Doctor Gross bent down on one knee, picked up the knife, passed it into the urethra until it struck the sound, carried it on into the bladder. As he withdrew the knife he inserted a finger, thus blocking the wound and the stone dropped right on the end of the finger. He then carried a forceps into the wound and extracted the stone. The whole operation was performed with a speed and dexterity simply marvelous, from twenty to thirty seconds being usually sufficient for the procedure. Of course, before the operation was begun, the case was lectured on, the contemplated procedure being carefully explained. Doctor Gross talked during the operation, demonstrating every step of it. Gathered around in the arena

one could usually see Doctor Keen, Dr. Oscar Allis, Dr. Richard J. Levis, Doctor Brinton, the younger Gross, Dr. Frank Maury, Dr. Joseph Pancoast, Dr. Thomas A. Andrews, and others. Any distinguished surgeon visiting Philadelphia at that time was certain to be there. In fact, it was seldom that Doctor Gross did not have some eminent man to introduce to the class. It was the foremost surgical clinic in America.

In this arena the celebrated Joseph Pancoast operated. He was one of the greatest operating surgeons that ever lived, ranking certainly on a level with Syme of Edinburgh and Von Langenbeck of Berlin. He was so widely celebrated that when a daughter of a Lord Chancellor of England was terribly deformed as a result of a severe burn, Sir William Fergusson, the great London surgeon, referred the case to Joseph Pancoast of Philadelphia as the master plastic surgeon of the world. He was the author of a celebrated book on operative surgery. For years he was Professor of Anatomy in the College and a teacher of clinical surgery in the Hospital. This combination was common in former days. The anatomist then taught pure human anatomy and every surgeon was required to be a real anatomist. I fear that we with our great progress have lost much in the average operator's knowledge of anatomy. Pancoast was one of the most wonderful operators that ever lived. Years ago I stated he had a hand as light as a floating perfume and an eye as quick as a flashing sunbeam. At the time of which I speak there was a man on Eighth Street who made and sold surgical instruments and it was the oldest store of its kind in the United States. The name is still there, namely, Gemrig. Mr. Gemrig told me that when in his old days Dr. Joseph Pancoast came in and picked out needles with a pair of forceps from the tray, the coordination between his eye and hand was so perfect that he would take his forceps, pick out the needle he wanted with lightning-like rapidity and with unfailing certainty and put it aside. Remember that was when he was an old man. He had some odd and striking expressions. Professor Keen will remember more about them than I can; for I only saw him as a school boy when I used to come to clinics long before I had begun the study of medicine. One of his favorite expressions was "the antiphlogistic touch of the therapeutic knife," for he believed profoundly in the immense value of local bloodletting in the treatment of certain inflammations.

In those days it was the custom of both the rival colleges for the first two weeks of the session to hold in the early fall surgical show clinics, so that all individuals coming to Philadelphia to study medicine could look these clinics over as a help to their decision as to which institution they were to embrace as their Alma Mater. They were advertisements to students about to invest. Pancoast used to try to have a case requiring removal of the upper jaw. He performed this operation with the patient almost erect

### The Fireman's Surgeon

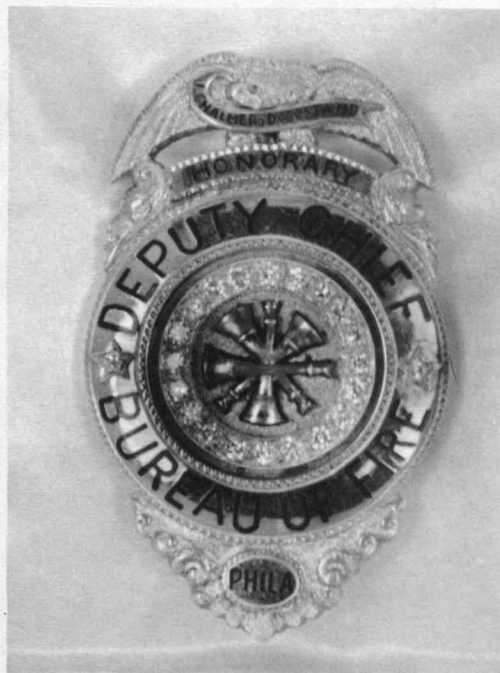
This extraordinarily handsome Honorary Deputy Fire Chief's badge, given Dr. J. Chalmers DaCosta by the grateful fire fighters of Philadelphia, takes you back to the romantic days of horsedrawn equipment. Dr. DaCosta, Jefferson 1885 and the first Samuel D Gross Professor of Surgery, rarely missed a major (three alarm) fire. A set of alarm bells in his bedroom, connected with fire headquarters, alerted him to the location and nature of every conflagration. When a three-alarmer was on, Dr. DaCosta waited outside his house for the Fire Chief who invariably took him to the scene. It was said that the Chief's horses slowed down routinely as they neared the house.

Dr. DaCosta would be right in the middle of the action if a fireman needed treatment. He visited the fire house nearest his home at least once a week and knew most of the men by name. They all knew him and realized that they were being treated by an outstanding surgeon.

As the years progressed, Dr. DaCosta developed osteo arthritis and although he continued to teach—in a wheel chair—for the last ten years of this active life, he had to abandon the high adventure of attending fires.

He missed the excitement and the firemen missed him. Proof that they had never forgotten him came during one of his final clinics. A group of fire officials and members of City Council appeared and presented the Honorary Deputy Fire Chief's badge. With the same courage and poise he used to carry on despite extreme pain, Dr. DaCosta acknowledged the gift and even managed a witticism. Yet his intimates knew he was deeply touched.

Why shouldn't he have been touched? The badge, of gold and platinum, had 22 diamonds!



*The DaCosta Badge*

*Some officials of the Philadelphia Fire Department and members of City Council appear at one of the DaCosta clinics to present him with an Honorary Deputy Fire Chief's badge.*





and only partially anesthetized. He would incise the face with a speed that was simply marvelous and tear out the bones caught by huge forceps with a celerity almost inconceivable. The scene was not only bloody but actually ferocious. The patient partially conscious was spitting out blood, bones and teeth over the surgeon and his assistants. In fact it was a real spectacle. It was a usual thing to see a student fall over here and another faint over there and others to get violently sick at the stomach. Those so affected were, of course, novices. Some of them decided at that moment that they did not want to study medicine at all. I saw a man, a few years ago, upon whom Pancoast had done this operation forty years before.

Next in my memory comes the younger Gross, Samuel W. Gross, who, in my opinion, was one of the very ablest men that ever stood in this arena. In many ways he was a queer, an unusual, a strange man, and one very difficult to know well. He was not only learned in surgery and in literature of surgery, but also in pathology, in fact, he personally sectioned and examined all the tumors he removed. He was a teacher of the very first order, even a greater one, I believe, than his illustrious father. He was a formidable person and we, his assistants, had a proper dread of him. A few weeks after I had been appointed a clinical assistant he said to me: "Where is that Juniper-Oil Catgut I gave you?" I said: "You did not give me any, Sir." He glared at me like an enraged Bengal tiger and said again, "Where is that Juniper-Oil Catgut I gave you?" I said to myself: "Here goes the job" and responded: "Why in the name of all that is inflammable you put this on me I'll be blessed if I know. I will be something or other if you gave me any — catgut." He raised his head, looked at me through the center of his eye-glasses and with a hint of a smile on his face said, "That's right, young man, if you have anything to say, say it and say it so as everybody can understand." From that moment he stood my friend. During one clinic there was an amusing episode. The patient was a man suffering from a sinus, the result of a lodged bullet. The man said he had been wounded at the Battle of Gettysburg. Gross looked at me and said, "Something is getting wrong with my memory, I don't remember whether Gettysburg was fought in 1863 or 1864." I said, "It was in 1863," and he said, "How do you know it was?" I made answer, "That was the year I was born." He responded, "Well, the year you were born no doubt was important, but it doesn't affect the date of the battle of Gettysburg." I said, "I can prove it to you, Sir, so as to convince you." He said, "Go ahead." So I quoted

*"That was in July of '63,  
The very day that General Lee,  
Flower of Southern chivalry,  
Baffled and beaten backward reeled,  
From a stubborn Meade and a barren field."*

Gross turned to the class and said: "This bullet was lodged in July of 1863."

He was the first American surgeon to insist on a radical operation for cancer of the breast. He shares with Halsted the glory of establishing radical surgery for breast cancer. His removal of the breast was so extensive that he called it the dinner plate operation, and he left a large unclosed wound. I believe that up to the time of this radical operation no woman had ever been cured of a cancer of the breast. As is well known our results now for the operation, if done early, are splendid. One evening he presented to a society a paper which attracted wide attention. My recollection is that he reported 100 cases of operation for cancer of the breast. That evening he gave an exhibition of several of his leading characteristics; viz.: clearness, brevity, and emphasis in statement. A young man who perhaps might have performed two or three operations in his life got up and objected to Doctor Gross's method on the ground that the large wound left open would reproduce cancer. At the close of the debate Gross arose and said:

"When oak trees produce polar bears and when fire-plugs produce whales, then will granulations (which are connective tissue) produce cancer (which is epithelial tissue), and not until then." Doctor Keen can recall how characteristic was this answer.

His last lecture in this arena was on a spring day. At the end of the clinic, after he had changed his clothes, he threw a light overcoat over his arm and started out. I said "Doctor Gross, it is pretty windy, you had better put on your overcoat." He answered, "You young people are made of sugar in these days. I wasn't brought up that way. I am going down to Third Street now and buy a bond for my wife out of that \$1000 I got this morning." In a few days he was dead of pneumonia.

It is a curious coincidence that there was a like ending to Dr. William L. Rodman. Doctor Rodman, originally of Kentucky, but for many years of Philadelphia, was the first resident physician of the Jefferson Medical College Hospital, and was a devoted friend of the younger Gross. One day he came into my house and as he departed, I said to him: "You had better put on your coat, you remember how pneumonia got Doctor Sam," and he said: "I only live a short distance from here and I won't need it." In a few days he was dead of pneumonia. I will be afraid to predict again.

Dr. Samuel W. Gross had written a celebrated book on *Diseases of the Mammary Gland* and another one on *Impotence*, and had been largely responsible for causing the profession to realize that it was just as proper to tie large veins as to tie large arteries. He was a master of principles.

Now I seem to see my dear old friend, Dr. John H. Brinton; an old practitioner of wide experience and a very interesting personality. He had been one of the chief field surgeons of the Army of the Potomac and a close friend of

General Grant. He loved military surgery above anything else and was one of the founders of the Army Medical Museum. He was a splendid anatomist and most skilled in ligations and amputations. He had written a very remarkable article on the attitudes of persons killed on the battlefield, advocated amputation through the knee joint, and was the American editor of *Erichsen's Surgery*. He had been Doctor Keen's preceptor.

Doctor Brinton had seen so many people make so many mistakes and had heard so many false prophecies that as he advanced in years he became very chary of giving a positive prognosis. I heard him one day give one of the most remarkable opinions on record. A man asked me how his son (who had been operated upon) was doing. I explained to the best of my ability, but the father wasn't satisfied, he wanted to see the Professor. I realized that he wouldn't get anything very specific, but I took him to the Professor. Doctor Brinton put forth what I maintain is the most undeniably broad opinion ever given except that announced by Jack Bunsby of the "Cautious Clara." He said, "If he gets well he will get about again, if he doesn't get well he will not get about again, and if his condition doesn't change he will remain about as he is." The remarkable thing is that the father appeared perfectly satisfied because he had it from the Professor. After the conversation had terminated I said to Doctor Brinton: "Whereby, why not? If so, what odds?" He said, "Yes, Dombey and Son," smiled and walked out.

Many others come before me whose names I can do little more than mention:

That handsome, courteous, generous, warm-hearted gentlemen, William H. Pancoast. One of the most brilliant, promising and unfortunate of all of them, Frank Maury. Richard J. Levis, the master operator, the surgeon of marvelous mechanical ability. His studies of fractures influenced the whole profession. A few years ago I attended a meeting of a society in which a paper was read on the reduction of Colles' fracture by a new method. The reader stated that the plan was to bend the lower fragment back, drag upon it forcibly and force it down into place by acute flexion. I called his attention to the fact that long years before Doctor Levis taught the following: hyperextension, longitudinal traction, and forced flexion. The alleged new plan was the old plan of Levis. He didn't wear the surgeon's white gown as we do now and he wore long cuffs when operating. As a dodger of blood he was wonderful. He would make a long cut, step back out of range and say to his assistant, Dr. John B. Roberts, "John, put a string on that."

Then I seem to see Dr. Oscar H. Allis, a man full of original ideas, a profound thinker, in fact, a genius. His work upon dislocations of the hip joint and lateral curvature of the spine is classical. He was a most original and painstaking operator. He was opposed and profoundly

opposed to the use of bad language in the operating room. Only once in his life did he explode in this arena and it always pained him to hear the incident referred to, and the elder Hearn used to enjoy reminding him of it. He was operating on an ununited fracture of the tibia and had spent an hour and a half in beveling the bones, putting the fragments together and inserting screws. It was one of the neatest of surgical jobs. Doctor Allis leaned back and looked at it approvingly. An assistant picked up the extremity by the heel and splintered the bone. Doctor Allis said: "Damn it and may God forgive me for saying it." Whenever Doctor Hearn would remind him of it, Doctor Allis would say, "Now, Hearn, please stop and don't recall that affair."

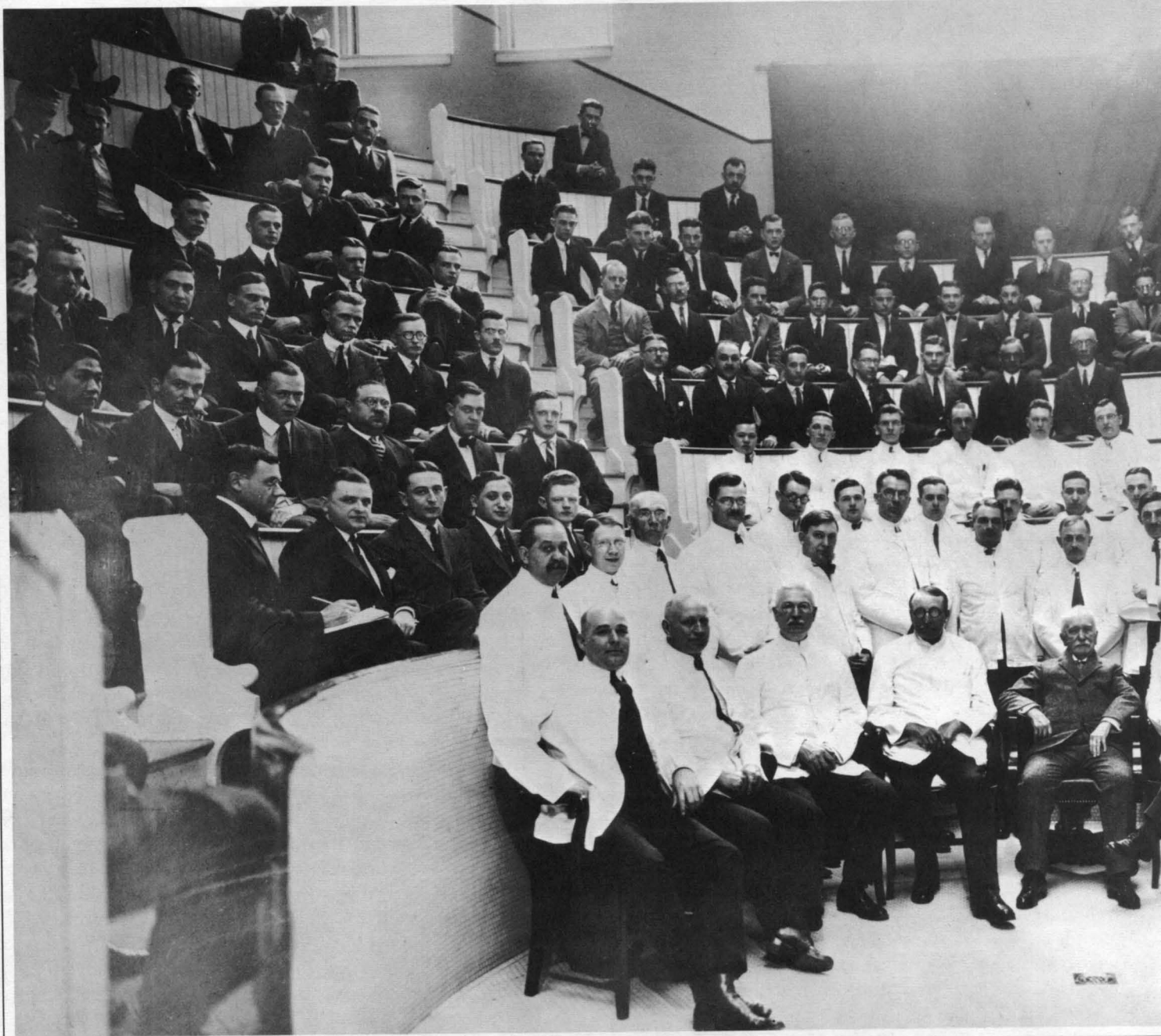
Dr. James M. Barton I have already spoken of. He was for some time chief assistant and later was surgeon to the Hospital and finally Clinical Professor of Surgery. He was a pioneer in abdominal surgery and did an enormous amount of valuable work. I believe that he is the only man of the great group gathered about the elder Gross who is now living. He resides in Atlantic City.

Dr. Charles B. DeNancrede, long a surgeon to this Hospital, was afterward the distinguished professor of surgery in Ann Arbor University. He was a profoundly learned surgeon as well as a great clinician and his operations were remarkable for speed, certainty, and dexterity. He was learned in the principles of surgery and his book on that subject was long popular.

Doctor Andrews, the demonstrator of anatomy, used to assist Professor Joseph Pancoast in the clinic. He was an extremely able man and a very popular teacher. He used to like to tell about the famous Siamese twins, for he had made the postmortem on that remarkable pair. One of the twins had been a Northerner in feeling and the other a sympathizer with the South during the desperate days of the Civil War and they used to quarrel fiercely. Each of them was married and the custom was to spend alternate weeks at each other's house; and the wives fought as fiercely as the husbands. It is said that one of the twins hated liquor and the other liked it. When the one who liked liquor got drunk his brother had to get drunk with him. Doctor Andrews was an excellent teacher of anatomy.

And then comes that man who was the best loved of all the men around Jefferson, Dr. W. Joseph Hearn. During long years he was the anesthetist for the elder Gross and was then Chief of the Clinic, Surgeon to the Hospital, and finally, Clinical Professor of Surgery. He died as the result of a lamentable runaway accident. He was one of the best practical surgeons who ever lived and he was physician as well as surgeon. If any physician connected with this Hospital had to be operated upon or if one of his family had to be operated upon, Doctor Hearn had to do the operation or was at least called in to the case. He was a wonderful diagnostician, in fact, he seemed to be a natural-born





diagnostician, if there is such a thing. His experience was enormous. He was one of the best, most generous and most lovable of men. I pause to think of him in love and affection, and I seem to see him in this arena where he spent such a large part of his busy life.

*"Green be the grass above you friend of my former days.*

*None knew you but to love you or named you but to praise."*

I have not mentioned one of the greatest men who ever stood in this arena, our Emeritus Professor, Doctor Keen. I have not mentioned him because I have restricted myself to those who are no longer connected here or who have

passed into the Great Beyond.

Doctor Keen is, of course, the greatest product of the school of the elder Gross. In his presence I cannot say all I would wish to say about him, but I can say and will say that everything I obtained in professional life came directly through his kindly aid.

When he came to this school, my friend, the younger Gross, was dead and I was very much the under dog in a raging combat. He reached out his strong right hand, seized me, so to speak, by the hair of the head and dragged me to safety. When I started to crawl along, step by step, he would sometimes advise me and always wisely; sometimes urge me, sometimes stimulate emulation in me, and some-



*The last surgical clinic in the clinical amphitheatre of the old Jefferson Hospital building, conducted by Dr. J. Chalmers DaCosta. In attendance, first row, left to right, Dr. Thomas A. Shallow, Dr. William P. Hearn, Dr. Charles F. Nassau, Dr. DaCosta, Dr. William W. Keen, Dr. John H. Gibbon, Dr. Duncan L. Despard, Dr. Edward J. Klopp, Dr. Arthur E. Billings. Second row, left to right, Mr. Calvin Webb, Masseur, Dr. Ernest G. Williamson, Dr. J. Coles Brick, Dr. J. Allen Bertolet, Dr. Patrick A. McCarthy, Dr. Warren B. Davis, Dr. J. F. X. Jones, Dr. Harvey M. Richter, Dr. Louis Chodoff, Dr. L. F. Mulford, Dr. John B. Flick, Dr. Adolph A. Walkling, Dr. Theodore M. Johnson.*

times drag me along by the scruff of the neck. That is the reason I am today the Professor of Surgery. Doctor Keen has put his stamp on the surgery of the world. His record is lustrous with achievement. His system of surgery is beyond any question the greatest system existing and it is universally recognized as such by all the leading journals, domestic as well as foreign. I could say a great deal more of him, but will not in his presence.

Among others who lectured or operated in this arena were Lawson Tate of Birmingham, one of the most celebrated of abdominal surgeons. He was always engaged in some active controversy, but was a great man and a pioneer especially in pelvic and gallbladder surgery. Mr. Bryant of

London, Senior Surgeon of Guy's Hospital, lectured here on aneurysm. He was a handsome, ruddy faced, white whiskered gentleman and the author of a splendid textbook of surgery. As he walked about the Out-patient Department he said: "A lot of those people should be in doctors' offices paying fees." He then told me that shortly before he left home he was passing his clinic room and was struck by a person he saw sitting among the out-patients. Coming into the hospital he had noticed the carriage of a wealthy but miserly English peer and that peer was the patient he recognized in the out-patient room. "Knowing that he was very sensitive to criticism," said Bryant, "I went back into the consulting room and had him brought



to me and told him I had recognized him and that the charge for consultation was so much for the Hospital (a very considerable fee), which he paid and departed."

Another who honored us was Sir William Macewen of Glasgow, one of the founders of cerebral surgery, a very great man. Another was Professor Chiene of Edinburgh. He lectured to us, but wouldn't operate. He said to Doctor Keen: "You may talk all you please, but I won't touch a knife, I am on a holiday." Then there was Annandale of Edinburgh, the man his old students referred to as "Tommy" Annandale. He had written an extremely useful book for house surgeons. He operated for a tumor breaking into the pharynx from the basilar portion of the occipital bone. In order to reach it he split the hard palate by use of the saw, separated the two parts of the palate by opening a pair of powerful forceps and through the gap removed the tumor.

Another visitor was Mr. Balance of St. Thomas's Hospital, London. He had, with Mr. Edmonds, written a very valuable work on the ligation of arteries and he afterward wrote a book on the surgery of the brain. Another was Mr. Durham, the Senior Surgeon of St. Bartholomew's Hospital, London, a man of interesting and delightful personality. He had observed the condition of the brain in a case in which there was a great loss of substance in the skull. He had inserted a watch crystal and observed the brain while the man was sleeping and waking. He found that when the sleeping man was obviously dreaming, the previously shrunken brain swelled up. He gave a delightful lecture.

Sir William MacCormac of St. Thomas's Hospital, London, was a very notable surgeon. He used to come to Philadelphia every year or so and stayed with one of the Gross's. During the Franco-Prussian War he had been, with our own Marion Sims, in charge of the Anglo-American Ambulance Service. The last time the elder Gross was in this arena he introduced Sir William to the class. Just outside the door Gross said, "Sir William, my friend, I am going to introduce you to those I love next to my own family, the members of the great class of the Jefferson Medical College." On MacCormac's last visit Doctor Keen gave him a dinner. It was a reeking hot July night and as we emerged from the house on Chestnut Street, MacCormac said to Doctor Hare: "Please tell me, for God's sake, where I can get a glass of beer." On one occasion, when here, he did a suprapubic operation for stone in the bladder.

J. Marion Sims paid a visit to us every fall. With the exception of the elder Gross, Dr. S. Weir Mitchell, and Doctor Keen he was the most distinguished graduate of this school. He was the founder of gynecology. One of the most attractive of books was the one he wrote which is called *The Story of My Life*. It is a strange story of the depths of poverty and a poor country practice in Alabama

and of devising, after infinite effort, the operations for rectovaginal and vesicovaginal fistula. He tells of the great difficulty he had in obtaining professional recognition, of mounting to fame in Europe and finally how he became surgeon to the Emperor of the French, Napoleon III. His book on uterine surgery was extensively used and he did the first deliberate operation ever done on the gallbladder. He was a general surgeon who specialized and had not been a specialist from the start, hence his philosophical mind and breadth of view. On one occasion, as a student, I sat on the front row to witness a clinic by the younger Gross. The elder Gross came in with Sims and they seated themselves directly in front of me. The younger Gross said to his father, "Professor Gross, will you do us the honor to hold this clinic?"—and the elder Gross said, "Thank you, Sir, I would prefer not, I would rather sit here and learn something." Wishing to hear what pearls of wisdom would drop from the lips of two such eminent men as Gross and Sims, I committed the impropriety of leaning over and listening. Gross nudged Sims and said, "You and I are going to have a fine time at lunch today," and Sims said, "Why, Sam?" and the elder Gross said: "All the women are away from home and we are going to have corned beef and cabbage and beer."

Victor Horsley, afterward Sir Victor Horsley, visited us. He was one of the founders of the surgery of the brain and for years stood in the very front rank in that branch. He lost his life from sunstroke while patriotically serving his country during the World's War in the British Campaign in Mesopotamia.

Hans Kehr operated here for gallstones. When he operated on the abdomen he took no chance of missing anything. He made a huge incision and one didn't look in through a window but through a doorway.

Sir W. Watson Cheyne, who had been the assistant of Lord Joseph Lister, operated here for movable kidney. He said to Doctor Keen: "What have you got for me?" and Doctor Keen said: "A movable kidney." He said, "Well, I will sew it in place, but they always come loose."

Faure of Paris did a most extensive operation for peritoneal adhesions. As he spoke in French, Doctor Keen translated sentence by sentence. Tillman of Germany operated here and made an artificial anus. He was a big, robust German. As he spoke in German, Doctor Keen translated sentence for sentence. Esmarch, then of Kiel, had by marriage become a member of the imperial family. He had introduced the elastic bandage and the elastic band for the prevention of loss of blood during operations on the extremities. Dr. Joseph Pancoast had devised the principle and had used a wet gauze bandage for the same purpose, but the elastic bandage was a great improvement. Before he came to see us he had been to another institution where there was an extremely ornate marble clinic room. He said he was not used to operating in palaces and felt happier

with us because "I am now where the real work is done."

Mikulicz of Breslau, one of the foremost surgeons in the world, an LL. D. of this school, a man who had added chapters to the surgery of the stomach, lectured here, and Gottstein, his assistant, was also here. Gottstein was a pioneer in the use of the esophagoscope. I will tell you a story Doctor Keen never heard before. Doctor Keen was to take Gottstein around and show him various historical structures. It was a reeking hot summer day. Doctor Keen said to me, "John, I have to go out of town, you take this list which I have made out and show the Doctor the various places which I have indicated." Among them was Old Christ Church, the Old Swedes' Church, Independence Hall, etc. I thought our German guest looked pretty hot and miserable. We paused at the corner of Broad and Chestnut Streets, and mopped our faces. I looked at him and said: "I will be perfectly frank with you, but please don't tell Doctor Keen. Half a block from here is an excellent Rathskeller which dispenses Munich beer. Would you rather visit the sights of the city or drink Munich beer and take a rest." He said, "I would so love to go to the Rathskeller." Further deponent sayeth not.

On one occasion we had Doctor Keen's old friend who had been his chief during the Civil War, Robert Weir of New York. He operated for stone in the ureter and when he reached the ureter the stone had passed. This very case made my colleague, Doctor Gibbon, and me cautious about operating for stone in the ureter.

Professor John A. Wyeth of New York came over here to see Doctor Keen use the Wyeth pins for the prevention of hemorrhage in amputation of the hip joint. He was a very eminent man and a charming gentleman.

Professor Nicholas Senn of Chicago operated here for ununited fracture of the patella. He was a great surgical genius. He and Halsted of Baltimore were the two men who did the most to make intestinal surgery and he was a pioneer in the surgery of the pancreas. He had been born in Switzerland, had left there as a boy and had worked his way up through the greatest poverty to a position in the very front rank of the profession. He dedicated his great work on tumors to the elder Gross and did so out of gratitude. He told me that one of his early articles was much criticized by his medical neighbors and he felt profoundly dejected. Just then he received a letter from the elder Gross congratulating him on the work and urging him to go on to greater things. This letter encouraged him so much that he persevered until he reached the goal of success. He always insisted on the enormous importance of the principles of surgery.

William S. Forbes, formerly the Professor of Anatomy in this Institution, held clinics here for many years. He was very fond of doing Bigelow's operation for stone in the bladder and had invented a very powerful lithotrite. He devised the operation for liberating the ring finger of musi-

cians by dividing the accessory tendons and was the father of the present anatomical law of the State of Pennsylvania. This law exterminated the hideous old custom of grave robbery and secured to medical colleges sufficient anatomical material. Professor Forbes was a courteous and dignified gentleman of the old school.

William L. Rodman lectured here. He came from Louisville, graduated from this school, and was the first resident physician in this Hospital. He was for a long time the distinguished Professor of Surgery in the Medico-Chirurgical College. He was particularly expert in the surgery of the breast and the surgery of the stomach. We all loved him.

Hunter McGuire lectured here. When the Civil War broke out he was a junior teacher in this institution and returned to the South to serve, as he felt was his duty, the cause of his native state; and when he went he was accompanied by scores of our students. He became the celebrated surgeon of Stonewall Jackson's corps and attended that great soldier on his death bed. He was one of the very great surgeons of the country.

Dr. Joseph Price held a clinic. He was one of the greatest of abdominal surgeons and used the fewest instruments I ever saw as the armamentarium of an operator. His trained and slender fingers were those of a pretidigitateur. He was very outspoken, hence had bitter enemies and warm friends. He was usually referred to as "Uncle Joe." He was a strange, forceful, whimsical, eccentric, lovable, and very able man.

Baron Takaki, the surgeon general of the Japanese Navy during the Russo-Japanese War, lectured here on the medical organization of the Japanese Navy.

Among other distinguished men who have held clinics in this arena, I may mention Sir Morrell Mackenzie of London, George deSchweinitz (once a Professor of Ophthalmology here), Roswell Park of Buffalo, Eilerslie Wallace, our Professor of Obstetrics, J. Solis-Cohen (who on one occasion performed laryngectomy), William Thompson (celebrated for his operations for cataract), the Yandells of Louisville, Louis R. Sayre and Conner of Cincinnati, who had been one of the attending surgeons on President Garfield and who made the opening address at the inaugural ceremonies of the present College.

I do not mention the medical men, although much could be said about them, particularly of J. M. DaCosta and Roberts Bartholow. I could go on indefinitely, but I will not because the time is nearly up. I have simply skimmed the surface and have given a few hints from the memory of one who has passed his surgical life in this arena, for I became connected with this Hospital as a surgical assistant to the younger Gross on the first of May, 1887. This arena has been as the well of the Patriarch in which all the tribes of Science's Israel own an equal right and to which they owe an equal homage.



# SOME JEFFERSON GREATS

## *Samuel D. Gross*

When Samuel D. Gross entered Jefferson Medical College in 1826, the institution was two years old and almost as obscure as its new student. When he completed his years as Professor of Surgery at Jefferson in 1882, he had earned an international reputation for his professional and literary abilities, he had made American surgery respected abroad, and he had brought prestige to Jefferson and its Chair of Surgery. The most eminent surgeon of his day had graced Jefferson's Chair of Surgery for twenty-six years.

Gross's achievements are the more laudable in view of the fact that he started out as a farm boy. At age seventeen, he decided to fulfill his wish to become a surgeon, and he became assistant to the local doctor. After some efforts, he "Made a great discovery—a knowledge of my ignorance and with it came a solemn determination to remedy it." He did remedy it. While at fifteen he spoke no English, only Pennsylvania Dutch, before he entered Jefferson at twenty-one, he spoke English, German, French and Italian. In 1839, while a faculty member at Ohio Medical College at Cincinnati, he published *Elements of Pathological Anatomy*, the first work on the subject in the English language. He was then thirty-

four. Gross left Cincinnati to accept the Chair of Surgery at the University of Louisville in 1840, which he held until 1856. During these years, as always, he wrote prolifically, producing among other works *Foreign Bodies in the Air Passages*, a pioneer work in the field of laryngology.

Gross received numerous offers from universities but declined all of them until Jefferson Medical College extended to Dr. Gross its Chair of Surgery. This was his final move and greatest period of productivity. A few years later, in 1859, his *System of Surgery* was published in two volumes. This was acknowledged to be his greatest work, the greatest text on surgery in its day, and was the first from America. In its sixth edition, Gross at age seventy-seven incorporated the doctrine of antiseptis, a controversial point at the time. Presumably, he greatly enhanced the credibility of Lister's theories. His text helped to educate surgeons for a quarter of a century. His *Manual of Military Surgery* was in use by both sides during the Civil War. Gross had written the work in nine days, and in five more days, it was published. Gross never let a day pass without writing. In fact, two hours before his death he corrected galleys he had just received from the publisher. He was as voracious a reader as he was a prolific writer. His library consisted

of five thousand volumes.

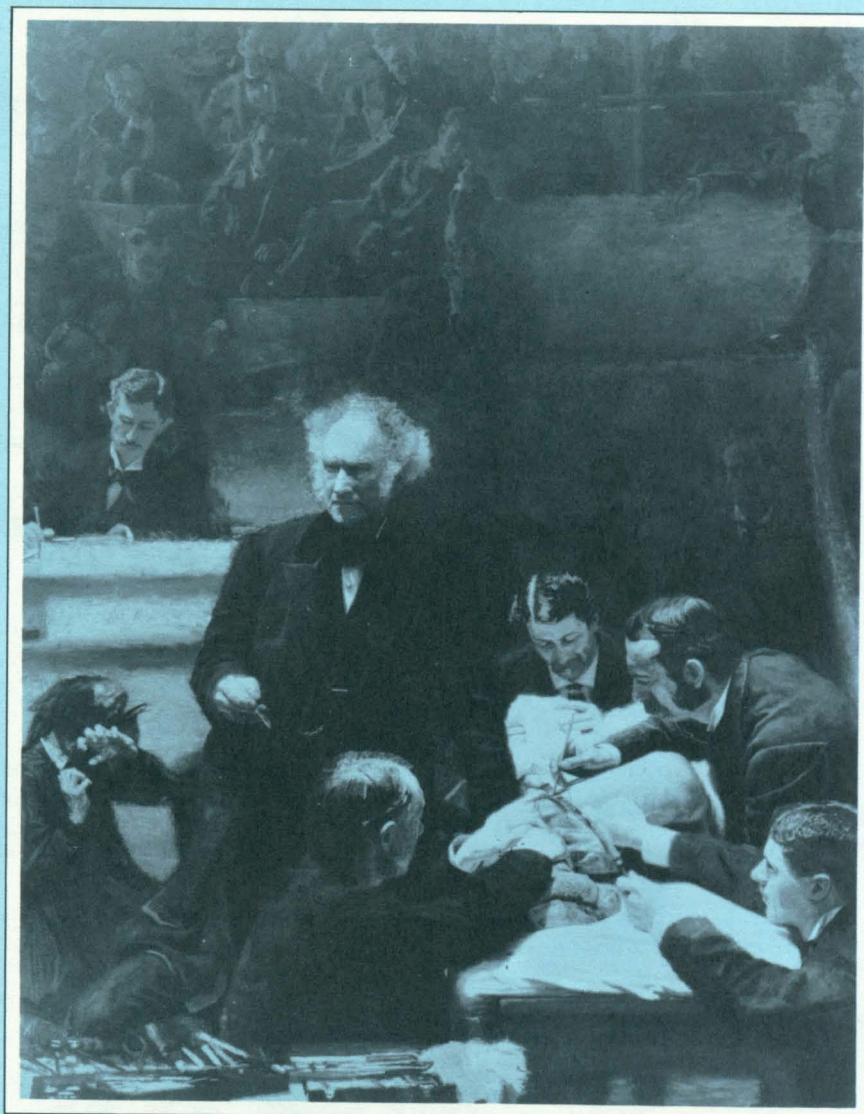
Gross's interests were not confined to writing, teaching and practice. He was an active organizer and participant in medical societies, believing in the fruits of combined effort. He founded the Philadelphia Pathological Society, the Philadelphia Academy of Surgery, the American Surgical Association and, the Alumni Association at Jefferson.

He won honors and awards from societies all over the world. In 1876 he was elected to preside over the International College of Surgeons. The year before that he had been President of the American Medical Association. Oxford, Cambridge and Edinburgh universities conferred degrees on him, a unique honor for an American.

The finest minds in the medical world came to Dr. Gross's feet at his clinics held at Jefferson. In his audience, though, were also minds less medical and more artistic. One such was Thomas Eakins, who enrolled in Dr. Gross's course to learn of the human form and became captivated by the commanding figure who conducted the sessions. His permanent record of those sessions and that commanding figure is "The Gross Clinic," which *Antiques* magazine (July 1969) referred to as "considered by many the most important painting by an American."



## “The Gross Clinic”



The quiet perception of Dr. Samuel Gross's extemporaneous remarks to successive generations of medical students won Jefferson Medical College international fame in the middle years of the 19th century. His commanding appearance and authoritative manner were inevitably a vivid memory to all who had watched him perform operations in the college's amphitheater. Eakins as well was stirred by the presence of this great surgeon—but, to the good fortune of posterity, he had in addition the genius which made it possible to synthesize his feelings to realize one of the few masterful statements ever created on the authority associated with a great medical figure!

The intensity of the feeling expressed in the subject was probably only surpassed by the ferocity with which the thirty-one-year-old Eakins painted this great work contain-

ing twenty-seven portraits and innumerable contrasting details. The picture was apparently begun early in August, 1875, and the finishing touches were being applied at the end of October!

Even today the glistening blood and the tortured agony of the patient's relative, forced by law to witness the operation, which is in sharp contrast to the absorbed calm pervading the theater still shocks the unsuspecting viewer. Thus it can hardly surprise one that post-Civil War Philadelphia should have reacted so strongly against this work—although a few did, in fact, sense that Thomas Eakins, only recently returned from his studies in France, had achieved the most complicated work yet created on the North American Continent.

**EVAN H. TURNER**  
Director, Philadelphia Museum of Art



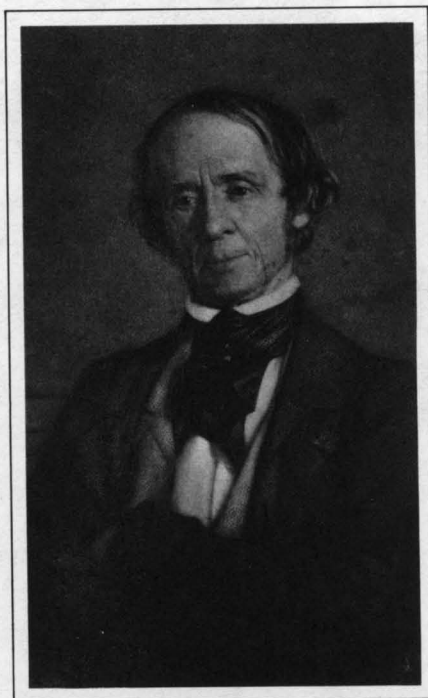
Not as famous as the "Gross Clinic," this memorial to Dr. Samuel D. Gross nevertheless became a widely known landmark in Washington, D. C. It is also the work of a distinguished Philadelphia artist. A. Sterling Calder, son of the sculptor who did the figure of William Penn atop Philadelphia City Hall, and in his own right recognized for his fountain in Logan Circle in Philadelphia, executed the Gross Statue. It was dedicated May 5, 1897, with an oration by Dr. W. W. Keen, Jefferson 1862, who later succeeded to the Chair of Surgery. The statue was located on Adams Drive to the rear of the building formerly housing the National Library of Medicine at Seventh and Independence Avenues, S.W. In 1961, the Library was removed to Bethesda, Maryland. In 1969, the Gross Statue was moved into storage pending the completion of a new structure. The statue was financed jointly by the American Medical Association, the Jefferson Alumni Association and the Congress.



## Charles D. Meigs

Charles D. Meigs was one of two famous but unrelated Meigs in Jefferson history. Charles graduated from the University of Pennsylvania Medical School in 1817. Educated in the classics, he felt this was almost a prerequisite to the study of medicine. His cultured demeanor and lively presentations made him a popular lecturer in his specialty of obstetrics and gynecology.

Meigs' practice flourished and his reputation spread. His skill and his factual texts, particularly, *Philadelphia's Practice of Midwifery*, were important in raising obstetrics and gynecology to a position of importance. This work was used as the exclusive text on the subject in medical schools throughout the country.



## Anson Jones

Dr. Anson Jones, Jefferson 1827, who came from Great Barrington, Massachusetts, and later practiced in New Orleans, joined The Texas Movement early. He was successively Surgeon General of the Texas Army, Minister to the United States, Secretary of State under President Sam Houston, and finally, the last President of the Republic of Texas.

On February 19, 1846, in the old capitol in Austin, he presided over a fateful ceremony, saying, in part:

"The Lone Star of Texas . . . has culminated and following an inscrutable destiny has passed on and become fixed forever in that glorious constellation which all free men . . . must reverence and adore — the American Union."



### *Hobart A. Hare*

Hobart A. Hare was off to an auspicious start when at his graduation from the University of Pennsylvania Medical School, he was awarded the Faculty Prize for his thesis: "The Influence of Quinine on the Blood." His original research talents continued to win many more prizes for him, one of them the Fothergillian Gold Medal of the Medical Society of London. He was the only American recipient in the history of the prize. After studying abroad and teaching at the University of Pennsylvania, he came to Jefferson as Professor of Therapeutics and Materia Medica in 1891.

He developed into one of the foremost teachers of therapeutics of his time, assisted by a knack for choosing the right analogy, the catchy phrase. His *Text Book of Practical Therapeutics*, has been translated into Spanish and Chinese.

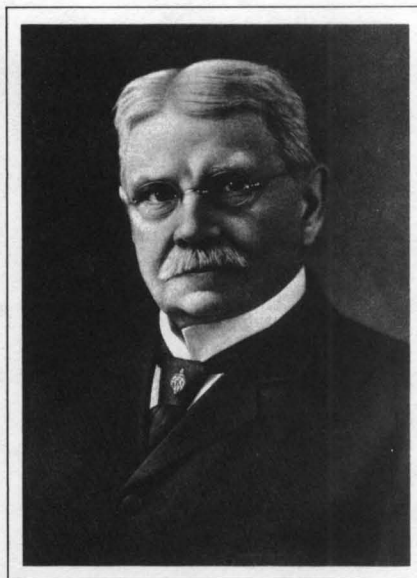
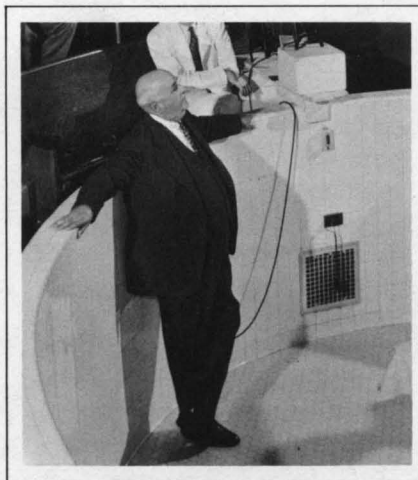
It passed through twenty-one best selling editions. Though Hare at one point in his career lost popularity, particularly with the alumni, for supporting a proposed merger of Jefferson and the University of Pennsylvania, by the time of his death he had established himself as the senior member of the Jefferson faculty and the Jefferson Hospital staff.

### *Thomas A. Shallow*

Thomas A. Shallow was Jefferson's second Samuel D. Gross Professor of Surgery. To the first, Dr. J. Chalmers DaCosta, Shallow was not only successor, but also personal assistant for seven years, and physician in his last illness.

Though Shallow's strong personality made him a more controversial character than his predecessor, his Jefferson loyalties were never questioned. Since his 1911 graduation, when he received the Alumni Prize for the highest average for four years, Shallow's time belonged to Jefferson. Through internship and residency, his abilities were recognized and afterwards he was sought by senior staff members. DaCosta was his immediate choice, and he joined the faculty as Clinical Assistant. His abilities as a surgeon became well known and a reputation for particular skill in gastro-intestinal surgery was attached to him. He contributed numerous original articles on the subject and devised new techniques and instruments.

Shallow was President of the Alumni Association in 1938. In 1950 his portrait was presented to the College. And in 1953, Jefferson honored its alumnus and Samuel D. Gross Professor of Surgery with the degree Doctor of Laws.



### *Daniel Baugh*

Daniel Baugh made possible one of those institutions that seems uniquely Jefferson to many of its students: the Daniel Baugh Institute of Anatomy.

Baugh was President of Baugh and Sons, a highly successful chemical enterprise, when he joined the Jefferson Board of Trustees in 1896. In his twenty-five years on the Board he became, in then President William Potter's words, "the most valuable man ever elected to that institution." In 1911, seeing the College's need for expanded physical plant, he purchased the unoccupied Pennsylvania College of Dental Surgery at Eleventh and Clinton Streets. Baugh equipped and remodeled it at his own expense, and provided a fund for the salary of the Professor of Anatomy. In September, 1911, the Daniel Baugh Institute of Anatomy held its first anatomy classes.

Baugh gave his time, money and management skills and most of all his interest to the growing Jefferson. It was Daniel Baugh who was one of the most instrumental figures in maintaining Jefferson's independence when the University of Pennsylvania merger was proposed.



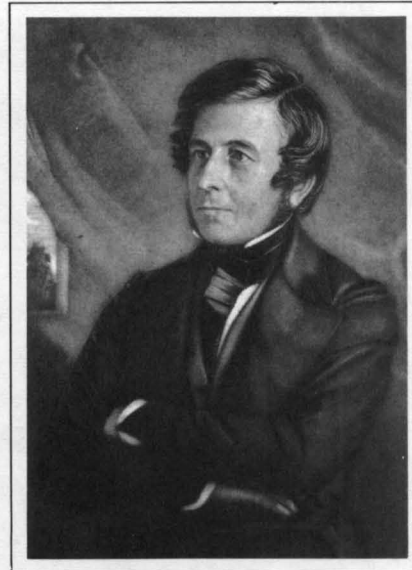


### *William S. Forbes*

The name Forbes is associated with the passage of the Anatomical Act, which ended the practice of grave-robbing in Pennsylvania. Then Demonstrator of Anatomy at Jefferson, William S. Forbes persuaded the College of Physicians to support him in drawing up an act for this purpose in 1867. The act was rejected

by the legislature, but a compromise passed. This bill was interpreted by the Philadelphia Coroner for his own advantage, and consequently, sufficient bodies were still not available for medical schools. Forbes managed in his own way, which consisted mostly of paying poor families for their dead, to avoid using the cadavers sold by graverobbing cronies.

In 1882, Forbes was arrested. The charge was conspiracy to rob graves. The "graves" referred to were nearby trenches in which unclaimed bodies were heaped but not buried. Forbes was acquitted, and thereby gained wide support for his long-proposed amendment of the Anatomical Act. With Jefferson, the County Medical Society, the College of Physicians, the press and the public backing him, he influenced the passage of the bill, and it became a national model. Its proponent later became Professor of Anatomy at Jefferson and the subject of a famous Eakins painting, in which the artist tributed what can properly be called his subject's Anatomical Act.



### *Joseph Pancoast*

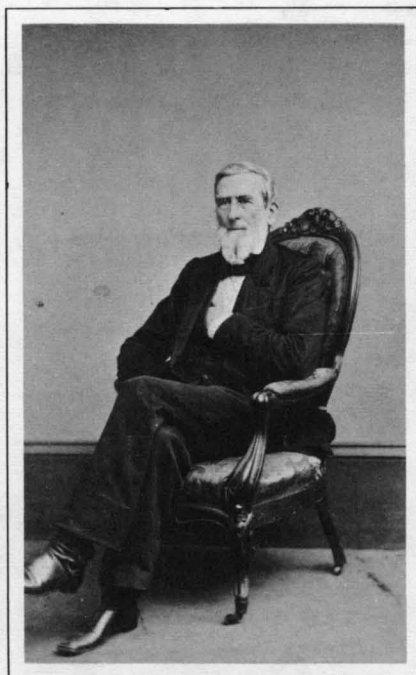
Joseph Pancoast, confidant and colleague of Samuel D. Gross, was not only talented but also versatile. He was both a surgeon and an anatomist. On the one hand, Dr. Pancoast was a Professor who could thrill and motivate a class of anatomy and on the other hand he could excite his students with his superb surgery, often with original techniques.

Pancoast, who had graduated from the University of Pennsylvania Medical School in 1828, the same year that Gross finished at Jefferson, was to serve even longer at the institution than did his close friend. Pancoast was named to succeed the founder, George McClellan, as the second Professor of Surgery. In 1847 he became Professor of Anatomy and served until 1874. Some idea of his reputation abroad, particularly in the field of plastic surgery, can be gained from the fact that Lord Chancellor Lyndhurst of England brought his daughter to see Pancoast after her face had been burned. Pancoast had gained particular renown in the field of plastic surgery. His reputation was enhanced by his constant flow of medical writing.

### *James A. Meigs*

James A. Meigs, an 1851 Jefferson graduate, took full advantage of the medical advances made in his era, both in his practice of obstetrics and his teaching of physiology. With anesthesia now available, his physiology was based largely on vivisection. The practice was opposed firmly by his predecessor, the Professor of Physiology at Jefferson, Robley Dunglison.

Meigs became widely acclaimed, not for his clinical skills, but for his talents as a researcher. His anthropologic and anthropographic papers were highly advanced, and won him memberships in the Society D'Anthropologue in Paris and anthropologic and ethnologic society in New York.





This plaque may represent the first effort by Jefferson alumni to perpetuate the institution's name in a public structure. The design is carved in marble in the Washington Monument. In case Jefferson alumni wish to see it, they need only walk either

650 steps up or 250 down from the top. Dr. Francis J. Sweeney, Jr., '51, Director of Thomas Jefferson University Hospital, discovered the plaque when he paused to catch his breath while showing his children the Monument. Although listed as

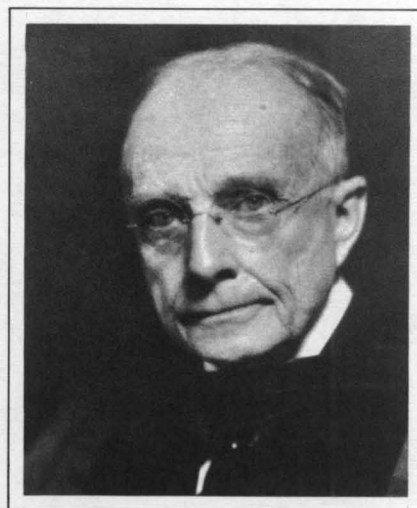
having been given by the "Class of 1853-54," it was actually the class of 1954. The plaque has distinguished company. There are 190 carved stones in the Washington Monument presented by individuals, societies, and cities.

## *Chevalier Jackson*

Commencement on April 2, 1886 was much like any other. Families and friends of the graduates filled the Academy of Music to applaud and cheer their candidate as he mounted the steps to receive his degree. When Chevalier Jackson mounted the steps that day, the silence was overpowering. His parents had no money to travel from their home in Pittsburgh "for the mere pleasure of attendance," he wrote in his autobiography. The silence became so strained, in fact, that "a kindly, pitying old lady feebly clapped her hands. Then everybody laughed." The day's trauma didn't end there, though. A subscription dinner followed in the nearby Natatorium—where the temporary flooring over the tanks gave way and dropped the class into the tanks! Though Jackson couldn't afford to attend, he did feel a telegram to alleviate his parents' fears was in order—which cost half of what he saved by not going to the

dinner. Humble beginnings for a man who was to achieve international renown in his profession, and for a man who, several years later, would occupy chairs in five Philadelphia medical schools simultaneously—chairs that had been created for him.

Chevalier Jackson's improvements on the bronchoscope and his development of brochosopic techniques opened to the world a new medical specialty — bronchoscopy. It also opened life for many previously doomed victims of inspired foreign bodies. Previous to the use of the bronchoscope, only about two patients in one hundred survived with foreign matter lodged internally. If the matter could not be coughed up, the only alternative procedure was entering the body surgically through the lung. And this procedure resulted in death of the patient in ninety-eight per cent of the cases. With the bronchoscope, the object could be removed through the mouth without harm to the patient in al-



most all cases.

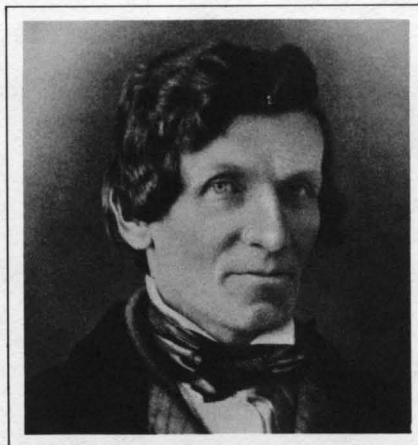
Through Jackson's efforts the Federal Caustic Poison Act was passed in 1927.

His work earned him four honorary degrees, honorary membership in dozens of foreign medical societies, presidencies of the American Bronchoscopy Society, the American Laryngological Association and the Pan American Medical Association.



## George McClellan

George McClellan was as intrepid in his professional life as he was in his private life. A master surgeon of his time, he attempted operations declared impossible by some. He was the first man to perform purposeful primary shoulder girdle amputation and the first American to extirpate the paratid gland. He was also the first to propose a second medical college in Philadelphia, much to the disapproval of the University of Pennsylvania Medical School (where McClellan had graduated in 1816) and many other Philadelphians. But George McClellan's students in his private lecture course were a source of encouragement. So was the approaching overcrowded condition of the University of Pennsylvania classes. McClellan enlisted the assistance of Dr. John Eberle, a surgeon with whom he had collaborated in medical writing, and one of four original faculty members. McClellan applied to the Pennsylvania legislature for permission to incorporate a medical school, but both times was refused. Gathering some influential support, his next step was to ap-



proach the Board of Trustees of Jefferson College in Canonsburg, Pennsylvania, and ask them to open a medical school. In October, 1824, they agreed, and The Jefferson Medical College of Philadelphia was established. Two faculty members were soon added to the original four, and the doors of Jefferson Medical College were opened, and its reputation grew.

George McClellan grew with it for a time. But in 1839, he ended his career at Jefferson, the loser in a faculty dispute. The Board of Trustees resolved the conflict by not reappointing McClellan to the faculty.



The founder's medical degree

## Carlos Finlay

The control of yellow fever as a threat to life today makes somewhat incredible the statistics of its devastating effects in the nineteenth century. Besides breaking out in epidemic proportions in South America and Cuba, in the United States it was the cause of 100,000 deaths. In 1878 alone the financial losses due to quarantine measures were an estimated one hundred million dollars. The psychological effects of the presence of yellow fever in a community were disastrous. Its most telling occurrence was during the construction of the Panama Canal, when efforts were virtually halted by a yellow fever epidemic.

Carlos Finlay had graduated from Jefferson Medical College in 1855. He returned to his native Cuba immediately after graduating, despite the urging of his preceptor, Dr. Silas Weir Mitchell, to practice in the United States. Along with his busy practice he maintained his research consistently. He wrote on many topics, such as beri beri, leprosy, and cholera. Not until 1879 did he begin to concentrate on yellow fever, when he was appointed by the Cuban Governor General to cooperate with a U. S. commission in Cuba to study the disease. At this time he first developed the theory that there was an intermediary factor in the transmission of yellow fever, and that that factor was the mosquito.

## White House Incident

An historic and dramatic incident involving a Jefferson alumnus occurred in the White House in 1831. The President of the United States was accepting a letter from a future President of the United States recommending a future Surgeon General of the U. S. Navy for an ap-



Cuba issued the above commemorative stamp in 1933 and again in 1965.

He first published his theories in 1881, and identified the mosquito as *aedes aegypti*. He received no attention from the medical profession. Finlay continued his experiments regardless. Unfortunately, these experiments did not corroborate his theory, and these negative results argued strongly to the medical world against Finlay's theory. What Finlay did not know was that twelve days is the optimum time for the digestion of infected blood by the mosquito before successful transmission to a nonimmune suspect. This was shown a decade later by Dr. Henry R. Carter of the public Health Service.

During the Spanish American War yellow fever broke out in 1900 in Havana, killing 231 of 1,600 newly arrived American troops. The Surgeon General appointed a Board consisting of Walter Reed, James Carroll, and James Lazear, American officers, and Aristides Agramonte, a Cuban doctor, to study the cause and transmission of yellow fever. Finlay wasted no time in presenting his theories to the Board, but Walter Reed was skeptical.

Finlay had encountered disbelief for the last twenty years; it was to end here. Finlay this time supported his theories by presenting to Reed's Commission *Culex* larvae for an experimental transmission. The Commission confirmed Finlay's theories at last. Reed reported before the American Health Association later, "The mosquito serves as the transmitting host for the parasite of yellow fever, and it is highly probably that the disease is only propagated through the bite of this insect." Finlay's belief was fully vindicated.

To Finlay came numerous honors, including an honorary degree from Jefferson in 1902. A statue was erected in his honor and placed in Finlay Square in Havana. Pennsylvania declared Finlay Day in September of 1955, commemorating the physician's graduation from Jefferson. On the occasion Jefferson received a marble bust of its alumnus, presented by the Cuban Minister of Health.

## Martin E. Rehfuss

Martin E. Rehfuss graduated from the University of Pennsylvania School of Medicine in 1909. After interning two years at the University Hospital, he left for Paris and specialized study. While in Paris Dr. Rehfuss was a member of the class at the Pasteur Institute and also attended the University of Paris. While there he invented the Rehfuss stomach tube, a significant advance at the time and the fractional method of gastric analysis.

Upon his return to America in 1914, he received a dual appointment to the Jefferson faculty. For eight years Rehfuss was active in research on gastric indigestion. This research provided the first complete studies on food digestion in the normal, undamaged stomach. Dr. Rehfuss taught at Jefferson until 1952, except for Army Medical Corps service in World War I. His professorship came in 1936; his Sutherland Prevost Lectureship in Therapeutics in 1941 and his directorship of the Division of Therapeutics in 1942. He resigned his professorship in August of 1952, and was elected emeritus. At the same time he attempted to terminate his practice, which included many prominent Philadelphians, but his patients petitioned him to continue and it was several years before he was able to close out his practice.

pointment in that service.

Can you name the three men?

- 1—The incumbent President was Andrew Jackson.
- 2—The future President (then a Member of Congress from the Lancaster, Pennsylvania area) was James Buchanan.
- 3—The future Surgeon General

was Dr. Jonathan M. Foltz, (Jefferson class of 1830). What impressed President Jackson beyond Foltz's good Jefferson record, examination grade and his recommendations from the faculty and Congressman Buchanan was the discovery that the youth had walked all the

way from Lancaster to Washington!

An iron-willed man who conquered a weak constitution, President Jackson admired what he regarded as rugged manhood. Dr. Foltz served in the Mexican and Civil Wars, and became Surgeon General in 1871.





### *J. Parsons Schaeffer*

In J. Parsons Schaeffer's approach to teaching, the students always came first. And they never forgot it—or him. When Dr. Schaeffer became Emeritus Professor of Anatomy, still he retained an office in DBI, and still the students, the alumni and the faculty stopped in to talk with the energetic professor.

Schaeffer's first efforts at a career were as an embalmer; his next as a teacher. Medicine was third, and anatomy became his enduring interest. In 1907 he graduated from the University of Pennsylvania Medical School, and in 1910 he received a Ph.D. from Cornell. By 1913, he was appointed Professor of Anatomy at Yale. A year later, Jefferson lured him away. The Daniel Baugh Institute of Anatomy had recently been equipped and remodeled and provided great potential for a Professor of Anatomy. When asked on his arrival what improvements could be made to enhance the Department, Schaeffer's answer was not equipment, or facilities or money. What medical students needed most, he believed, was a recreational area, where students could "relax and develop physically and emotionally as well as intellectually." That came many years later with Jefferson Hall, whose entire fifth floor is occupied by the Department of Anatomy. (Ed. Note: As the *Bulletin* went to press notice was received that Dr. Schaeffer died on February 2, 1970.)

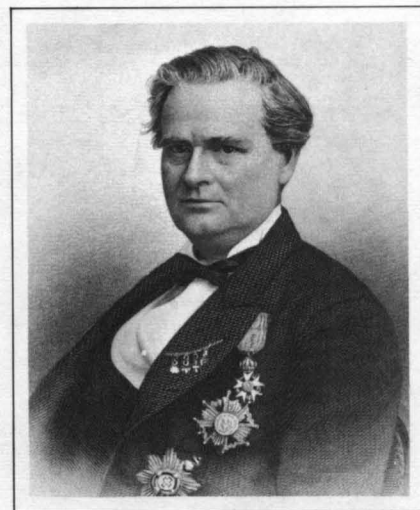
### *J. Marion Sims*

The man whom Samuel D. Gross described as having the "heart of a lion, eye of an eagle, and the hands of a woman" had woman's best interests in mind too.

The surgical skills of J. Marion Sims became well known soon after his 1835 graduation from Jefferson. With a successful surgery practice in Montgomery, Alabama, he had no interest in women's diseases at the outset. "If there was anything I hated, it was investigating the organs of the female pelvis," he recalls in his autobiography. But as cases of vesico-vaginal fistula became too numerous to ignore in his practice, he started thinking about it. And the thought was fruitful. It culminated in the first successful surgical treatment of that disease. In the process he revolutionized obstetrics and gynecology with the invention of the concoidal speculum, which in its original form was a bent pewter spoon. Another by-product of the vesico-vaginal fistula cure was the use of silver sutures to replace the infection-breeding catgut.

Prior to these advances, he had performed the first successful operation in the South on cleft palate, on cross eyes and on club foot. The South was a success story for Dr. Sims.

New York was another story. His delicate health was impaired by the heavy workload of a country doctor in the south and the small pay was not sufficient to support his family and his eight bed charity hospital. The answer seemed to be New York. The reception there soon indicated to Sims that this had been a bad move. Finding ready acceptance for his discoveries, Sims found the cliquish medical profession was not so ready to accept his entrance into their circles. "I could get nothing to do . . . I had no hospital in which to operate . . . my thunder had been stolen." After suffering a period of poverty



and neglect, he found the solution was to open his own hospital—a woman's hospital. In 1855 he opened the first of its kind in the country.

His skill again became renowned, and his reputation spread abroad. France, Belgium, England and other countries invited him to demonstrate. He went, and the finest surgeons in Europe marvelled at his feats. He liked Europe as much as it liked him, and he stayed longer than anticipated. While there, he became physician to some of its royalty, the Empress Eugenie for one, wife of Emperor Louis Napoleon Bonaparte. In Europe Sims wrote "Clinical Notes on Uterine Surgery," which raised gynecology's status considerably, and brought about the first professorships in the specialty.

He returned to the States to become President of the American Medical Association in 1876 (the year his friend Samuel Gross headed the World Medical Congress). In 1881, Jefferson awarded him an honorary degree. Later a bust of the famous physician was presented to the College by the Alumni Association. In New York's Central Park, across from the Academy of Surgery, stands a bronze life-like statue of J. Marion Sims, placed there through the contributions of physicians in Europe and America to honor the world famous "woman's surgeon."



Prime Minister of Great Britain James Ramsay MacDonald (left) and his daughter (right) visit America to honor Dr. Solomon Solis-Cohen (center).

## Solis-Cohen Family

The Solis-Cohen family's association with Jefferson is a century old. Jacob Solis-Cohen started the Jefferson line and also started a new medical specialty: laryngology. A faculty member from 1867 to 1883, he developed an operation for removal of the larynx that still permitted the patient to learn to speak. His impact on medicine didn't end there, either. It was extended through the influence he had on one of his students—Chevalier Jackson, who at Solis-Cohen's urging took up the study of bronchoscopy. Jacob Solis-Cohen was joined on the Jefferson faculty by his brother, Solomon. An 1883 Jefferson graduate, Solomon became Professor of Clinical Medicine and served as President of the Alumni Association in 1927. Solomon brought fame to Jefferson not only because of his professional prowess,

but also in the form of a patient. When twice Prime Minister of Great Britain James Ramsay MacDonald was visiting the United States for talks with President Herbert Hoover, he became ill and Dr. Solomon Solis-Cohen became his physician. Later, a recovered Prime Minister returned to Philadelphia to publicly honor his physician at a luncheon.

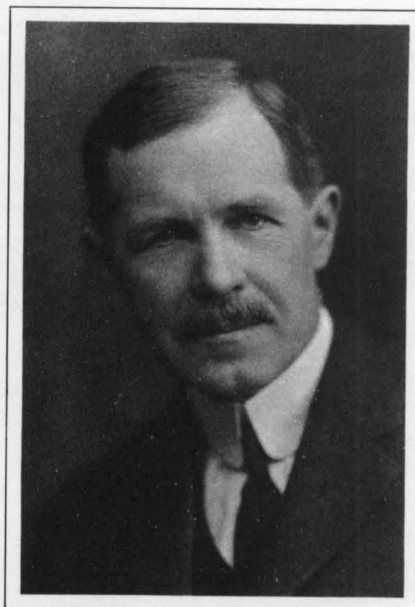
D. Hays Solis-Cohen has served on the Jefferson Board of Trustees since 1951. A partner in the prominent Philadelphia law firm of Wolf, Block, Schorr and Solis-Cohen, he received an honorary degree from Jefferson in 1965. He has served as Chairman of the Board's Committee on Expansion and Development. A permanent reminder of his contributions to Jefferson's progress occupies the east side of Jefferson Hall: The D. Hays Solis-Cohen Auditorium. In it will hang portraits of his two famous ancestors: Dr. Jacob Solis-Cohen and Dr. Solomon Solis-Cohen.

## Thomas McCrae

Thomas McCrae had a bonus going for him when he entered the medical profession. He was the nephew of one Sir William Osler.

But McCrae soon proved he had a lot going for him in his own right. McCrae came to Jefferson from Johns Hopkins, where he was assistant to his famous uncle. As Professor of the Practice of Medicine at Jefferson he succeeded Dr. James C. Wilson, who was a close friend of Osler. When Wilson announced his intention to resign the Chair, he asked Osler to suggest a possible successor. Osler recommended McCrae and spent some time convincing his nephew to accept the Chair if it were offered. When two Jefferson Board members approached McCrae with the offer, he did accept.

McCrae was a precise teacher and expected the same precision of his students. He always exposed students to the wards, believing the experience to be as essential as didactic learning. His literary works were numerous. Best known perhaps is his *Practice of Medicine*, in which he collaborated with Dr. Osler. Later, he became sole author without relinquishing the Osler standard.



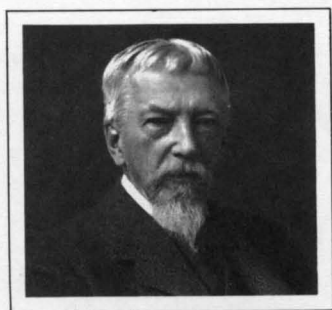
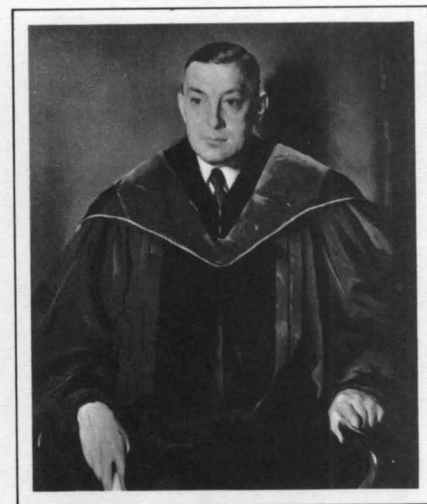


## Henry K. Mohler

Henry K. Mohler was a Jefferson graduate, Medical Director of the Hospital, Dean of the College, Sutherland Prevoist Professor of Therapeutics, and at a very crucial time, Secretary of the Alumni Association. The latter refers to the time in Jefferson's history, nearing the start of the 1920's, when the University of Pennsylvania-Jefferson affiliation was attempted. Preliminary negotiations had yielded a tentative agreement and plans called for relocation of

executive offices and reappointment of the Jefferson Dean as Vice Provost under the University's Provost of Medicine. Common stationery had already been printed.

At that point the Alumni took up arms. Secretary Mohler was appointed to write a letter of protest to the Board to be endorsed by the Executive Committee. In his letter, Mohler brought to the fore the threat that such a merger would place on Jefferson's very existence. The Board's reaction to the letter: immediate revising of the agreement and, ultimately, abandoning it.



## S. Weir Mitchell

The phrase, "the most versatile Philadelphian since Benjamin Franklin," which haunted S. Weir Mitchell on the banquet circuit, was no mere oratorical exaggeration. Physiologist, neurologist, researcher, medical writer for both the profession and the layman, and novelist, Mitchell was more than simply versatile. His sixth sense enabled him to recognize future greatness in a newly graduated physician—as he did, for example, in Dr. Carlos Finlay, 1855, who was to find the cause of yellow fever, and Dr. W. W. Keen, 1862, the great surgeon and neurosurgical pioneer.

The Civil War launched Mitchell on a specialty that would later be called neurology. Mitchell's friend, Surgeon General William A. Hammond, approved his proposal to set up a special ward (450 beds) in the Union hospital complex in Philadel-

phia to treat and study nervous disease and wounds of the nerves. With this approval, Mitchell enlisted classmate George R. Morehouse and a Jefferson senior W. W. Keen, 1862. Their headquarters was Turner's Lane Hospital, a particularly distinguished center at which Dr. Jacob M. DaCosta, 1852, conducted his important treatment and research of heart cases. After each battle cases would flow in and the trio of physicians worked far into the night. They were the first to use atrophine hyperdermically for muscular spasms. In the special unit massage was used for the first time to restore action to limbs in which nerve wounds had impaired muscular action or which had become rigid from splints. "In no small degree they were pioneers in military medicine," biographer Ernest Earnest states. They often walked home together, still discussing cases and theories.

A number of important publications grew out of their research. The first was *Reflex Paralysis*, a pioneer work on sudden palsy resulting from wounds in remote regions of the body. Seventy-seven years later Yale Medical School reprinted it as an example of brilliant pioneering in medicine. In 1864, the trio published the famous *Gunshot Wounds and Other Injuries of the Nerves*. This

contained the first distinct accounts of ascending neuritis, the treatment of neuritis by cold and splint-rests and the psychic phenomena occurring in those who have undergone operations. Mitchell's "rest cure" projected his name across the nation and into Europe. Despite the controversy roused by the treatment, Weir Mitchell Institutes appeared in France, the technique was applied in England and in Vienna and Sigmund Freud adopted a modification of it to combine with his own psychoanalytic therapy. "Today's psychiatrists are likely to treat physical ills by curing those of the mind," Earnest says. "Mitchell reversed the process by trying to heal the mind by restoring the body to health. This is the whole basis of the Rest Cure."

In 1886 Mitchell received an honorary degree at Harvard's 250th anniversary. He was President of the Philadelphia College of Physicians in its Centennial Year, 1887, and a year later the University of Bologna granted him an honorary degree at its 800th anniversary.

It is difficult to measure whether the majority of Americans knew Mitchell more for his rest cure or his novels. While he was an outstanding physician, there were few better-selling novelists than this doctor during the years 1885 and 1905.

## Ross V. Patterson

Ross V. Patterson's years as Dean of Jefferson Medical College brought to his desk some weighty matters: the accommodation of a student body that was virtually all military, and the consideration of the University of Pennsylvania's proposed merger with Jefferson. His executive abilities didn't let him down.

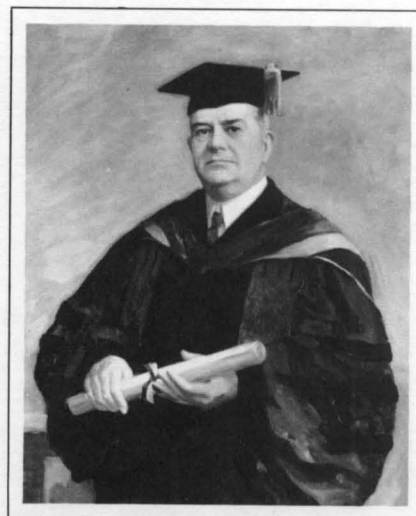
Having weathered the war years successfully, he adroitly assisted in maintaining Jefferson's independence under strong pressure from the University.

As Dean, Patterson always kept lines of communication flowing within the Jefferson complex, from the students up to the Board of Trustees. Students got to know him

through his faculty position as well as through his deanship. He eventually became Sutherland Prevost Professor of Therapeutics.

Patterson began to assume the Dean's responsibilities when he was Subdean for ten years before being appointed Dean in 1916. He served for twenty-two years. His abilities were spread among his loyalties, one being the Alumni Association, as he was a 1904 alumnus. He served as President for three years. The Association of American Medical Colleges elected him President for two years, and six universities awarded him honorary degrees.

One more credit to Dr. Patterson's record is his role in directing the Women's Board's attention to the Hospital, when he persuaded them

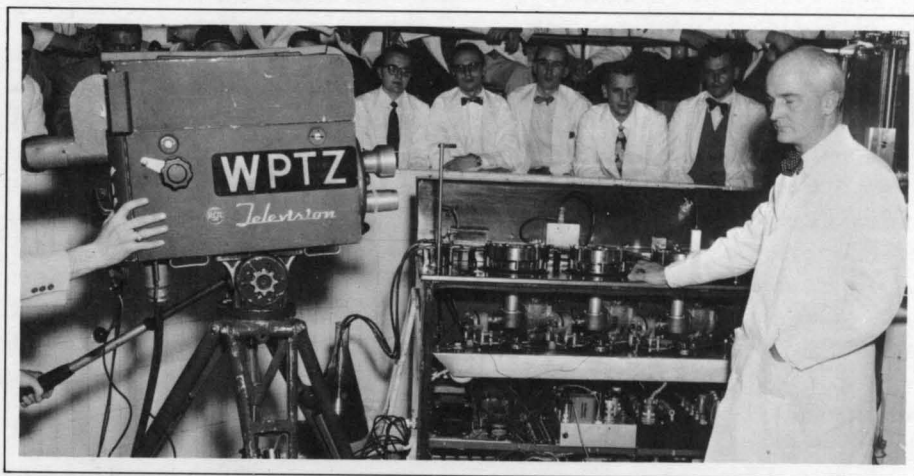


they could serve to much better advantage there than in the college. Perhaps it's only a coincidence that Dr. Patterson was a bachelor?

## John H. Gibbon, Jr.

Jefferson Hospital was the scene of the world's first successful operation performed inside the human heart under direct vision, using temporary extracorporeal circulation with a mechanical heart and lungs.

The pioneer who developed the technique and performed the operation was Dr. John H. Gibbon, Jr., class of 1927. The inspiration for this twenty-two year quest was an all night vigil by Dr. Gibbon in 1931 at the bedside of a woman with a massive pulmonary embolism. He was a Harvard fellow in surgery working in the research laboratories of Dr. Edward D. Churchill, John Homans Professor of Surgery. He later recalled, "The thought constantly recurred that the patient's hazardous condition could be improved if some of the blue blood in her distended veins could be continuously withdrawn into an apparatus where the blood could pick up oxygen and discharge carbon dioxide and be pumped back into the patient's arteries."



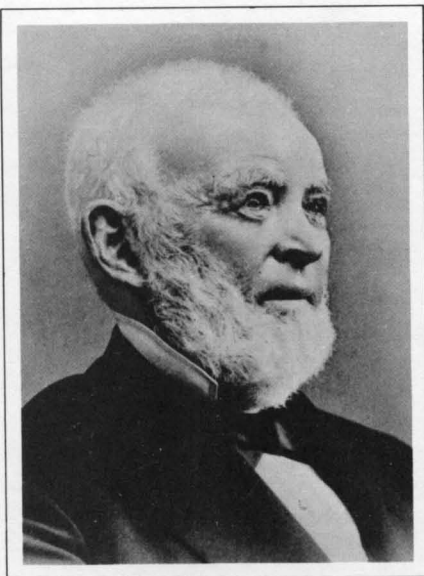
*Dr. Gibbon with the heart-lung machine.*

In 1934 Dr. Churchill again named him a Research Fellow at Harvard and, with his wife and two small children, he spent a year working on the first temporary artificial heart-lung blood circuit. Mrs. Gibbon worked with him. He continued his work and a few years later, while he was at the University of Pennsylvania, he performed sterile experiments with prolonged and healthy survival of the animals. After World

War II, Dr. Gibbon returned to Jefferson where in May 1953, he did the first successful open heart operation on a human patient using a heart-lung machine and sewing up an atrial septal defect under direct vision.

The man responsible for the feat served as Samuel D. Gross Professor of Surgery at Jefferson until his retirement in 1967. He is a past President of the Alumni Association.





## Edward A. Squibb

When the public hears the name "Squibb" today, it thinks aspirin, toothpaste and foot powder. But one hundred years ago, when Edward A. Squibb was alive, the name meant none of these.

Squibb, an 1845 graduate of Jefferson, is one of its most energetic crusaders. After graduation, Squibb served as Clerk of Clinics at Jefferson and as Assistant Demonstrator of Anatomy and Curator of the Medical Museum. He then spent four years as an Assistant Surgeon in the Navy. Squibb became determined from that point to attempt to correct the misuses of anesthesia and the impurity and misrepresentation of drugs of which he had seen so much in the Navy. He spent the rest of his life at the task.

Squibb had observed the varying effects of the use of ether, and determined that these were a result of impurities and inconsistencies of strength. Squibb soon devised a means of making pure ether of uniform potency. He also learned to distill ether with live steam, eliminating the hazards of its exposure to an open flame. With this effort a success, Squibb followed through on

its administration in the operating room. He invented a mask to replace the inhaler, the original means of application. He never patented an invention, believing its use should be open to all who could benefit by it.

Squibb was never without a cause. Another of his targets was quackery, particularly in pharmacy. His battle to revise and standardize the U. S. Pharmacopoeia had ultimate success, though he did not see all of it during his lifetime. During the Lincoln administration, he obtained the support of the country's medical societies in demanding that the Act of 1848 be enforced, prohibiting the import of impure drugs. He wrote a pure food and drug act which became New York state law in 1880, and later in New Jersey.

One of his failures was his 1877 attempt to persuade the AMA to bring pharmacopoeia into its auspices. The Pharmaceutical Society had been infiltrated by quacks and patent medicine fakers, Squibb felt. At the same time the AMA rejected his proposal to issue a periodical supplement to the Pharmacopoeia to keep the profession informed of developments in the field. Rejection didn't deter Squibb, however; he founded his own publication for this purpose, *An Ephemeris*, written largely by himself. The next year, the AMA began publication of its *Journal*. The ultimate reward of his life long fight for regulation of food and drugs came six years after his death, when Congress passed a pure food and drug law.

Squibb's extensive activities in medical reform were not his sole occupation. He founded E. R. Squibb and Sons, which has become one of the best known pharmaceutical houses. When the firm announced its intention to provide each of the country's medical schools with an oil painting of its campus, the first choice was an easy one: its founder's alma mater, Jefferson Medical College.

## James R. Martin

James R. Martin Student Nurses' Residence, which was the first step in Jefferson's \$41,000,000 development program is a memorial to the 1910 alumnus who was Associate Dean at the time of his death. Standing on the site of the house occupied by the late Dr. Samuel D. Gross on the southeast corner of Eleventh and Walnut Streets, it was the bridgehead of the expansion which takes in that entire block as well as the south side of Locust Street.

Dr. Martin was Professor Emeritus of Orthopedics and had devoted his entire professional career to Jefferson. His bequest made possible the planning for the residence. His widow arranged to make funds available during her lifetime. Although ailing from what proved a fatal illness, the gallant lady presided at the dedication ceremonies in June, 1959.

To this alumnus went the honor of being the first graduate to be memorialized by a building on campus.

Dr. Martin was President of the Alumni Association in 1948. He was appointed Acting Dean in 1951. A year later Jefferson awarded him the honorary degree of Doctor of Science.

## "On the Use of Tobacco"

While this is not a claim that a Jefferson alumnus was the first to warn of the dangers of smoking, it is interesting that a North Carolina graduate in the class of 1860 wrote a prize-winning paper.

"On the Use of Tobacco and Its Injurious Effects on the Human System" won Dr. John Francis Shaffner an award from the North Carolina Medical Society. Apparently this must have been researched, if not written, while Dr. Shaffner was a student.

Dr. Shaffner entered the Confederate States Medical Corps soon after settling in Salem, North Carolina.

# the jefferson scene

## Graduate Studies Dean

Robert C. Baldridge, Ph.D., formerly Associate Dean of the Graduate School and Assistant Vice President for Research at Temple University Health Sciences Center, assumed duties in March as Dean of the College of Graduate Studies at Thomas Jefferson University. He will serve on the Jefferson faculty as Professor of Biochemistry. Jefferson Medical College has been granting M.S. and Ph.D. degrees for twenty-one years. With the change in corporate title to Thomas Jefferson University last July, the College of Graduate Studies became an even more important component. Dr. Baldridge was previously a Professor of Biochemistry at Temple University School of Medicine and plans to continue his own scientific work in biochemistry in addition to his duties as Dean of the College of Graduate Studies. He is well known for research that revealed the existence of histidinemia, a genetic disorder in children.

## Otolaryngology Chairman

James Robert Leonard, M.D. has been appointed Professor and Chairman of the Department of Otolaryngology at Jefferson Medical College.

Dr. Leonard comes to Jefferson from the University of Iowa where he was Assistant Professor of Otolaryngology and Maxillofacial Surgery and Director of the Head and Neck Service and Tumor Clinic.

Born in Danville, Virginia, Dr. Leonard received a bachelor of science in 1955 and doctor of medicine degree in 1959 from the Medical College of Virginia. He served in the United States Public Health Service at the National Institutes of Health from 1960 to 1962. From 1962 to 1965 he was a resident in Otolaryngology and

Surgery at the Johns Hopkins Hospital.

He was an instructor in Otolaryngology at Johns Hopkins University and in 1966 became a Special Fellow of the National Institute of Neurological Diseases and Blindness.

Dr. Leonard was a Consultant in Otolaryngology to the Baltimore City Health Department and to the Social Security Administration.

Dr. Leonard has written numerous scientific papers. He belongs to several professional societies including the American College of Surgeons and the American Academy of Facial Plastic and Reconstructive Surgery.

## Preventive Medicine Head

Willard A. Krehl, M.D., Ph.D., became Professor and Chairman of the Department of Preventive Medicine in February. Dr. Krehl was formerly with the University of Iowa as Professor of Internal Medicine. He was also Coordinator of the Iowa Regional Medical Program for Heart Disease, Cancer and Stroke. He had served the University of Iowa for five years as Research Professor of Medicine and Director of the Clinical Research Center. Prior to his Iowa appointments, Dr. Krehl taught at Marquette University School of Medicine as Associate Professor of Medicine and Director of Clinical Biochemistry. A graduate of Cornell College, Iowa, he did postgraduate work at the University of Wisconsin and then joined the faculty in nutrition and biochemistry at Yale University School of Medicine. He received his M.D. from Yale in 1957.

Dr. Krehl has published extensively in the field of nutrition and metabolism. He is a past President of the American Society for Clinical Nutrition; Vice President, American Board of Nutrition; former Editor-in-Chief of the *American Journal of Clinical Nutrition*, and a member of the Board of Di-

rectors of the American Heart Association representing community programs.

## New Trustees

John T. Gurash, President of INA Corporation, and Charles W. Bowser, Esquire, Executive Director of the Urban Coalition, have been elected to the Board of Trustees of the Thomas Jefferson University. Mr. Gurash comes to Jefferson with four decades of experience in organization and management of the insurance business. He founded, as President and Director, the Meritplan Insurance Company, and became Director, President and Chairman, of Pacific Employers Insurance Company. Mr. Gurash is also Vice President of the Insurance Company of North America.

Mr. Bowser, a law partner of Aneda J. Hazell, Esquire, has long been active in community affairs. He serves on the Philadelphia Council of Churches, Philadelphia Housing Development Corporation, National Legal Aid Society, and the National Association for Community Development. Mr. Bowser was Executive Director of the Philadelphia Anti-Poverty Action Committee (1965-67), and a member of the Philadelphia County Board of Assistance.

## Dr. Bralow at PGH

S. Philip Bralow, M.D., now heads the Department of Medicine at Philadelphia General Hospital's Jefferson Service. He also has been appointed Professor of Medicine at Jefferson Medical College. Dr. Bralow has contributed significantly to knowledge of endocrine gland activity and gastric secretions. He recently developed an experimental model for the study of gastric cancer. Dr. Bralow was Associate Professor of Medicine and Chief of Gastrointestinal Clinical Services at Temple University Health Sciences Center before coming to Jefferson. He is President of the Philadelphia Gastrointestinal Research Forum.



## chapter notes

Jefferson alumni chapters across the country have been keeping their meeting schedules buzzing. California and New York chapters chose October for their meetings, and Dr. Peter A. Herbut, President of the Thomas Jefferson University, and Dr. Abraham E. Rakoff, President of the Alumni Association, spoke at both meetings. In California, the meeting was at the Century Plaza on October 2. Eighty persons attended. The New York Chapter date was October 30 at St. Vincent's Hospital, where a large group of alumni, including some interns on the St. Vincent's staff, met for the occasion. Dr. Stanley Dannenberg '51, is President of the New York Chapter. Dr. Harvey Breslin '54, headed the planning committee.

The next meeting was in the tropical zones, with the Puerto Rico chapter meeting in San Juan on November 6. Dr. Samuel S. Conly, Jr., '44S, Associate Dean and Director of Admissions at Jefferson, was guest speaker. The group elected new officers at the meeting. President is Dr. Armando Garcia-Castillo '43, Secretary is Dr. Agustin M. DeAndino, Jr., '44S, and Treasurer, Dr. Simon Piovvanetti '54.

On November 12, the South Orange Lawn and Tennis Club was the place for the Northern New Jersey meeting. Speakers were Dr. Herbut, and Dr. J. Wallace Davis '42, Chairman of the Annual Giving Fund. Officers were elected, and Dr. Richard M. Lempke '44S, is President, Dr. George Hewson, Jr., '58 is Vice President and Dr. Frederick C. DeTroia '35, is Secretary-Treasurer. The Hotel Hershey was the spot for the Central Pennsylvania dinner on November 15. Dr. Herbut spoke at this one with Dr. Paul A. Bowers '37, Vice President of the Alumni Association, also a guest speaker. Dr. Raymond Grandon '45 was elected President.



*Among guests at New York dinner on October 30 were from left Dr. Stanley Dannenberg '51, Dr. William E. Delaney III, '53, Dr. Peter A. Herbut, Dr. Victor G. Heiser '97, Dr. Harvey J. Breslin '54, Dr. Abraham E. Rakoff '37 and Dr. Morris Amateau '23.*



*The Hershey Hotel was the setting for the November 15 dinner for alumni in central Pennsylvania. Guests included Dr. and Mrs. Israel O. Silver (left), Dr. Peter A. Herbut (center) and Dr. and Mrs. Raymond C. Grandon.*



*On hand for the Central Pennsylvania meeting, in addition to Dr. Herbut, were, from left, Dr. Harry W. Bailly '17, Dr. Harry T. Richardson '00, and Dr. Paul A. Bowers '37.*

# class notes

## 1907

**Dr. Roy R. Norton**, 335 Case Ave., Sharon, Pa., writes that although he has retired he stills enjoys good health at the age of 88. "In practice a little over sixty years (eye, ear, nose and throat)—a long time, almost a record."

## 1909

**Dr. Richard R. Cranmer**, 319 D. Avenida Carmel, Laguna Hills, Calif., retired in 1961 after being in general surgical practice for fifty-one years in Minneapolis. After retiring he served for two years as Executive Director of the Minnesota Blue Shield.

## 1913

**Dr. Simon H. Rosenthal**, 1900 Tate Springs Rd., Lynchburg, Va., sends word that he is still practicing urology full time with his son in Lynchburg.

## 1915

**Dr. Joseph A. Pessolano**, 369½ State St., Albany, N.Y., writes that he is still in active practice and enjoying it immensely.

**Dr. Thomas J. Summey**, Morrowdale Farm, Rt. #2-Box 236, Charlottesville, Va., following retirement from his New Jersey practice decided to become a "gentleman farmer." He and his wife purchased a farm near Charlottesville, Va., and write that "it's worse than setting up a practice. Bulls cost money and the critters consume a lot of feed. When the calves grow into steer maybe I can sit on the front porch and take it easy. The activity has reduced my waist line and I'm down to a solid 165 with blood pressure 140/80."

## 1916

**Dr. Arthur R. Gaines**, 99 S. Downing St., Denver, Colo., and Mrs. Gaines recently returned from a Hawaiian vacation. "There is a possibility that we may come East for the College of Physicians meeting in April and if so we'll remain for the Centennial Celebration."

**Dr. William T. Palchanis**, 754 Bruce Ave., Clearwater Beach, Fla., writes that he continues to find retirement very satisfying, although he has encountered some difficulties in getting along on a fixed income.

## 1920

**Dr. Simon L. Victor**, 101 Gedney St., Nyack, N.Y., writes that he is still in practice and has no plans of retiring. Dr. Victor is eagerly looking forward to his fiftieth reunion.

**Dr. W. Earl Wallace**, 13918 Summit Dr., Whittier, Calif., writes that he is retiring after almost fifty years in medicine and has turned the practice over to his associate.

## 1921

**Dr. Louis S. Morgan**, 3835 Country Club Rd., Long Beach, Calif., writes that he is still in active medical practice and enjoying it more and more.

## 1924

**Dr. Thomas E. Larkin**, 3333 N. E. 34th St., Ft. Lauderdale, Fla., had an article published recently in the *New York State Journal of Medicine*. Title of the paper is "Upper Motor Neurogenic Lesions in Vietnamese Paraplegic Patients, Urologic Aspects."

## 1926

**Dr. Edmund T. Lentz**, Dispensary-NNSY, Portsmouth, Va., has retired from federal service after thirty years. His most recent position was Occupational Health and Medical Officer at the Norfolk Naval Shipyard. Dr. Lentz is deep in Jefferson ties. His brother, Dr. Sylvester E. Lentz, who is class of 1930, has twin sons, Conrad and Ronald '60 and '61 respectively. A brother-in-law, Dr. Walter Harmon '30, adds to the Jefferson relationships. In addition there are two Jefferson nurses in the family.

## 1927

**Dr. David P. McGourty**, 26562 Palisades Dr., Capistrano Beach, Calif., informs us that he is now enjoying his first year of retirement, having given up his practice last July.

## 1928

**Dr. Virgil B. DeWitt**, 21 Jenkintown Crossroad, New Platz, N. Y., has been re-elected President of the Ulster County Board of Health.

**Dr. Charles W. Lighthizer**, McCauslen Manor, Steubenville, Ohio, sends word that he retired from private practice last May but keeps active through emergency room work at a local hospital.

**Dr. Jack A. Rudolph**, 10275 Collins Ave., Apt. 531, Bal Harbour, Fla., tells us that he gave up his practice last December, but is not retiring completely. He hopes to devote some time to teaching at the local medical school. He is also doing some writing and has travel plans for the future.

## 1929

**Dr. Isidore S. Geetter**, 92 Fern St., Hartford, Conn., has resigned as Executive Director of

# class notes

Mt. Sinai Hospital in Hartford where he has served for the past twenty-three years. Dr. Geetter will continue as Executive Vice President of the Mt. Sinai board in charge of future planning and programming.

## 1930

**Dr. W. Lewis Brown**, 2094 C Ronda Granda, Laguna Hills, Calif., closed his office in Gallipolis, Ohio, this November and retired to California's Laguna Hills.

**Dr. Joseph G. Cocke**, 422 Laramie Dr., San Antonio, Tex., is presently Acting Superintendent of San Antonio State Hospital. He is looking forward to his fortieth class reunion and hopes to renew old friendships then. Dr. Cocke has a son in pediatric practice in San Antonio.

**Dr. Don Bright Weems**, 105 E. Mantua Ave., Wenonah, N.J., was honored at a testimonial dinner given by his patients last year. Over 200 people attended. Dr. Weems has served the people of Wenonah for thirty-eight years as a general practitioner. During that time he held many important positions in his community. He helped organize the Heart Association in Gloucester County and was its first President. He was also President of the Gloucester County Medical Association, Vice-President of the National Bank of Mantua and trustee of the Gloucester County Community College. In 1962 Dr. Weems was named family doctor of the year by the staff of Underwood Memorial Hospital in Woodbury. Dr. Weems has a son in practice with him, Dr. Don B. Weems, Jr., '58.

## 1932

**Dr. Howard C. Leopold**, 4623 York Rd., Philadelphia, recently attended the European Allergy Congress in Geneva and meetings in Stockholm, Moscow, and Leningrad. He is presently an Associate Professor of Clinical Medicine and Director of the Allergy Division at Jefferson.

**Dr. Lewis C. Manges**, Stillson Memorial Medical Center, Windsor, N.Y., has been elected a Vice President of the Simon H. Barnes Community Hospital in Susquehanna, Pa.

**Dr. August J. Podboy**, 28 S. Queen St., York, Pa., spent last April working as a volunteer specialist in the thirty bed eye unit of an Algerian hospital under the auspices of Care-Medico.

## 1933

**Dr. John R. Bower**, 1669 Garfield Ave., Wyomissing, Pa., announces that his son, Edward, will graduate from Jefferson this June. His oldest son, John Robert, graduated from Jefferson in 1966 and is completing a three-year residency in ob-gyn there in June.



**Dr. Karl Habel**, 6412 Ave. Manara, LaJolla, Calif., writes that, besides serving as President of the American Association of Immunologists (1969-70), he is also a member of the National Advisory Cancer Council of the National Institutes of Health.

## 1934

**Dr. Lucian J. Fronduti**, 1043 Manor Rd., New Kensington, Pa., writes that both his sons are following in his footsteps. His elder son Robert, Jeff '66, is a resident in ob-gyn at Magee Hospital in Pittsburgh, and his younger son is pre-med at Dickinson College.

## 1935

**Dr. Leroy A. Gehris**, 808 N. Third St., Reading, Pa., was Trustee and Councilor of the Pennsylvania Medical Society at the annual convention held last fall.

**Dr. J. Edward Lynch**, 23 E. Wynnewood, Rd. Wynnewood, Pa., has been appointed Chairman of Obstetrics and Gynecology at the Mercy Catholic Medical Center. Dr. Lynch also is Clinical Assistant Professor at Jefferson and is on the staff at Bryn Mawr Hospital.

## 1936

**Dr. Oscar H. Cohen**, 115 Church St., Boonton, N. J., is President of the Radiological Society of New Jersey for the term 1969-70.

**Dr. Paul E. McFarland**, 550 W. Thomas Rd., Park Central Medical Bldg., Phoenix, Ariz., writes that his son, Dr. Henry McFarland, is presently Chief Resident in Neurology at Jefferson Medical College Hospital.

**Dr. Michael L. Rachunis**, Riverside Dr., Roebing, N. J., has been named Chairman of the Ear, Nose and Throat Department at Ran-cocas Valley Hospital in Willingboro.

**Dr. Martin L. Tracey**, 154 Prince St., Needham, Mass., tells us that his son entered Jefferson this year. Two other sons are working for their doctorates in biology. Two of Dr. Tracey's daughters are R.N.'s.

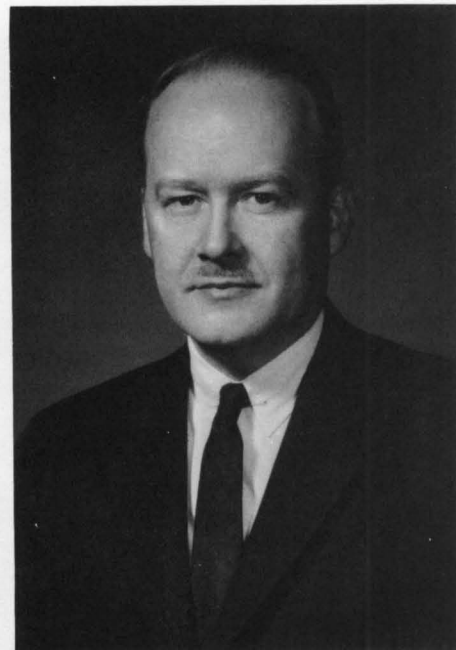
## 1937

**Dr. Walter E. Starz**, Windsor Circle Fox Chapel, Pittsburgh, Pa., writes that he now has two sons at Jefferson. His oldest son, Kenneth, will be graduating this year, and his other son, Terrence, is presently a member of the junior class.

## 1939

**Dr. George Evashwick**, 204 Roswell, Long Beach, Calif., was installed in January as President of the Long Beach Medical Association. Dr. Evashwick is a general surgeon.

**Dr. John H. Hodges**, 436 Sabine Ave., Wynnewood, Pa., was honored by Catholic University on November 8 for outstanding achievement in his professional field when



*Dr. Hodges*

he was presented with the Distinguished Alumni Award at the Homecoming Banquet in Washington. Dr. Hodges is a 1935 graduate of Catholic University. He has been on the staff at Jefferson since 1946 and was named the Ludwig A. Kind Professor of Medicine in 1965.

## 1938

Dr. William W. L. Glenn has been named President-elect of the American Heart Association, and will succeed to the Association's Presidency at its Annual Meeting in Atlantic City, November, 1970. Dr. Glenn, who is Professor of Surgery at Yale School of Medicine, will be the first surgeon to hold that office.

Dr. Glenn's important contributions to cardiothoracic surgery include development and perfecting of a procedure for by-passing the heart's right chambers so that "used" blood is returned directly to the lung. The procedure helps to alleviate certain inborn defects for which no established corrective process is known. Now called the "Glenn Procedure," the operation is performed clinically on a world-wide basis.

Dr. Glenn has also pioneered in the development and application of radio-frequency pacemakers for the treatment of heart block, an abnormality in the heart's electrical impulses. More recently, Dr. Glenn and his associates at Yale developed an electrophrenic respirator to ease a patient's breathing by stimulating and pacing the phrenic nerve. He is co-author of a textbook on Cardiothoracic Surgery.

A native of Asheville, N. C., Dr. Glenn received a B. S. degree from the University

of South Carolina in 1934. He earned his medical degree in 1938 at Jefferson Medical College, interning at Pennsylvania Hospital. Later, he was given surgical training at Massachusetts General Hospital and research training at Harvard University's Department of Physiology under Dr. C. K. Drinker. In 1943-45, Dr. Glenn served in the U. S. Army Medical Corps where he achieved the rank of Major.

Active since 1957 in programs of the American Heart Association, Dr. Glenn has been a spearheading force in the activities of its Council on Cardiovascular Surgery. As Chairman of the Council for a number of years, he stimulated the periodical publication of papers on cardiovascular surgery as supplements to the Association's professional journal, *Circulation*.

Dr. Glenn is attending surgeon at Yale-New Haven Hospital and Chief of its Cardiothoracic Surgery Section. He served as a Vice President of the Heart Association from 1961 to 1964, on its board of directors for three years and its research committee for five years.

Dr. Glenn has held the presidential office of Yale Medical Society, Connecticut Society for Medical Research, Connecticut Society of American Board of Surgeons and the International Surgical Group. He is a Governor of the American College of Surgeons, Treasurer of the International Surgical Group, and Associate Editor of "Surgery."



*Dr. Glenn*

## 1940

**Dr. Andrew G. Lasichak**, 1108 Kales Bldg., Detroit, Mich., has completed twenty years as Chief of Surgery at St. Francis Hospital and two years as Chief of Surgery at St. Mary's Hospital in Livonia. He presently is serving as Health Commissioner and Chairman of the Hospital Board for the city of Hamtramck.

## 1942

**Dr. Thomas E. Bowman, Jr.**, 3028 Market St., Camp Hill, Pa., was installed as President of the Central Pennsylvania Academy of Medicine in December.

**Dr. Charles F. Richards**, Professional Bldg., Augustine Cut-off, Wilmington, Del., writes that he enjoys golf and squash four times a week in season. "Played Hawaiian Pro Am open with Billy Casper. Played Sahara International with Jack Ewing: first place first day."

## 1943

**Dr. Samuel L. Cresson**, 901 Waverly Rd., Bryn Mawr, Pa., is Chief of Surgery at St. Christopher's Hospital for Children and Chief of Pediatric Surgery at Temple, in Philadelphia. He also is on the staff at Lan-kenau Hospital.

**Dr. William L. Goodin**, 2430 E. 6th St., Tucson, Ariz., has joined a group specializing in internal medicine, the Holbrook Hill Medical Group in Tucson Medical Park.

**Dr. Joseph R. Rich** is presently serving as Director of Public Health in McKinley County, New Mexico.

## 1944J

**Dr. Samuel D. Kron**, 2108 Spruce St., Philadelphia, became associated with Dr. Stanton N. Smullens '61, in a surgery practice in July of '69.

**Dr. Raymond A. McCormack, Jr.**, 433 Bellevue Ave., Trenton, N.J., was the recipient of the 1969 Physician's Award of the New Jersey Division of the American Cancer Society. Dr. McCormack, who has been active in all phases of the ACS program, has served as Chairman of the Executive Committee, the crusade, the education and medical committee and the speaker's bureau.

## 1944S

**Dr. William F. Dowdell**, 7518 Ackley Rd., Cleveland, Ohio, has been appointed Director of Internal Medicine at Evangelical Deaconess Hospital in Cleveland.

**Dr. James G. Foley**, 23 Somerset Ave., Bernardsville, N. J., has joined Esso Research and Engineering Company as staff physician at the Florham Park Engineering Center.

**Dr. Robert G. Salasin**, 6012 Pacific Ave., Wildwood Crest, N. J., tells us that he and his classmates celebrated their twentieth-fifth reunion in Avalon last September for the sec-

ond time. The June reunion was held at the Marriott Motor Hotel.

## 1945

**Dr. Paul E. Sieber** has been assigned to the Directorate of Professional Service as the Consultant in radiology to the Army Surgeon General. Col. Sieber and his family are residing in Arlington, Va.

## 1946

**Dr. Joseph Mazmanian**, Zero Governors Ave., Medford, Mass., who is serving as President of the Medical Staff of the New England Memorial Hospital, presided at ceremonies last October opening the new facility.

## 1947

**Dr. Lewis E. Jones**, 1752 Morris Landers Dr., N.E. Atlanta, Ga., has been named Chief of Staff at the Atlanta Veterans Administration Hospital. During his service with the Air Force Dr. Jones held the rank of Colonel and was awarded the Air Force Commendation and the Air Force Meritorious Service Medals.

**Dr. Gail G. L. Li**, 1523 Kalakau Ave., Suite 3, Honolulu, Hawaii, is serving as Assistant Clinical Professor of Obstetrics and Gynecology at the University of Hawaii School of Medicine.

**Dr. Chester L. Schneider**, 101 Sixth Ave., Hawthorne, N. J., is home on furlough following a tour in Glennallen, Alaska, as a medical missionary with Central Alaskan Missions, Inc., a non-denominational Protestant organization. He presently is working as an emergency room physician at Valley Hospital.

## 1948

**Dr. Donald G. Birrell**, 828 12th St., Oakmont, Pa., has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology at the University of Pittsburgh. He also was elected President of the Staff at Magee-Womens Hospital in July.

**Dr. Ellsworth R. Browneller** has been appointed Secretary of Health and Welfare for the State of Pennsylvania, effective January 1, 1970. He is on a leave of absence from the Geisinger Medical Center where he has been Administrative Director since 1962. Dr. Browneller also has served as Vice Chairman, Regional Advisory Group, Susquehanna Valley Regional Medical Program; a member of the Governor's Advisory Council to Comprehensive Health Planning; a member of the Board of Directors, Hospital Association of Pennsylvania; a member of the Board of Directors, Pennsylvania League of Nursing; a member of the Board, Children's Heart Hospital, Philadelphia. He is a Fellow in the American Public Health Association. Dr. Browneller received his M.S. in Administrative Medicine at Columbia University. Prior to his association with Geisinger he was Di-



*Dr. Browneller*

rector of Jefferson Medical College Hospital. He resides at R. D. 6, Danville, Pa., with his wife and five daughters.

**Dr. Rudolph T. DePersia**, 625 Rosenthal Ave., Gibbstown, N. J., has been appointed Chairman of the Department of Medicine and Chief of Medicine at Underwood Memorial Hospital in Woodbury, N. J.

**Dr. John L. McCormack**, 9409 S.E. 43rd St., Mercer Island, Wash., is serving as President of the Seattle Artificial Kidney Center. He writes that it is his chief avocation. The organization provides working capital for the life saving artificial kidney program and aids patients whose resources do not cover treatment.

**Dr. C. Jules Rominger**, 320 Strathmore Drive, Rosemont, Pa., has been named Chairman of Radiology at the Mercy Catholic Medical Center. The Center is the result of a recent merger of Misericordia and Fitzgerald Mercy Hospitals.

**Dr. David W. Thomas, Jr.**, 112 W. Main St., Lock Haven, Pa., has formed a surgical group with two associates.

## 1949

**Dr. Harry J. Hurley, Jr.**, 54 Ashby Rd., Upper Darby, Pa., is the President of the newly organized Pennsylvania Academy of Dermatology.

**Dr. Stanley F. Nabity**, 1609 Spring Rd., Grand Island, Neb., represented Jefferson at the December installation of John Walker as President of John Pershing College in Beatrice, Neb.

## 1950

**Dr. Aris M. Sophocles**, 4469 S. Broad St., Yardville, N. J., writes that there will be two Jefferson doctors in the Sophocles family this year since his son, Aris, Jr., graduates from Jefferson in June.



## Reunion Week Activities: April 30, 1970—May 2, 1970

### 50th for the Class of '20

Dr. Thaddeus L. Montgomery and Dr. Martin J. Sokoloff are sharing the chairmanship for the important 50th for the class of 1920. They report that a dinner has been arranged for Thursday, April 30, at the Barclay Hotel. Letters have been mailed and reservations should be made now. At the Alumni Banquet on Saturday, May 2, special recognition will be given to those present for their fifty years in medicine.

### 45th for the Class of '25

A luncheon on Saturday, May 2, at the Union League has been arranged by Dr. Charles Lintgen. This will precede the Alumni Banquet that evening in Jefferson Hall.

### 35th for the Class of '35

Dr. John A. McCormick, reunion chairman, announces that tentative plans call for a luncheon on Thursday, April 30, and a dinner dance that evening. At the

time of deadline for copy he was still awaiting returns from his first mailing. More will come.

### 30th for the Class of '40

A dinner dance is planned in Jefferson Hall on Thursday, April 30. Cocktails are called for 7:00 p.m. In addition to other Centennial plans there will be another get-together prior to the banquet on Saturday night. Dr. Thomas Mervine is chairman.

### 25th for the Class of '45

The big 25th for the class of '45 will begin at 6:30 p.m. at the Rickshaw Inn in Cherry Hill, N. J. Dinner and dancing will follow. As Dr. Oram R. Kline, Jr., reunion chairman, puts it "1/150 of the success of the reunion depends on you."

### 20th for the Class of '50

The twenty year class also is planning cocktails, dinner and dancing for its reunion. Place will be the Marriott Motor Hotel on City Line: Time, 7 P.M. Fur-

ther news will come via Dr. William B. McNamee, chairman.

### 15th for the Class of '55

Dr. Richard H. Schwarz heads the party planning section with an assist from class agent, Dr. Robert J. Senior. Plans include dinner at old Bookbinders. Try to be there.

### 10th for the Class of '60

Tentative plans call for a dinner Thursday night, golf on Friday at the Merion Golf Club (before the Academy of Music) and a cocktail party on Saturday prior to the banquet. Firm arrangements will come to you from reunion chairman, Dr. Richard R. Soricelli.

### 5th for the Class of '65

Dr. Steven Sandler is in charge of the first reunion for the class of '65. Responses to his questionnaire mailed several months ago indicate that dinner is the choice of classmates for Thursday, April 30. The place to be announced.

## The Navy Reports:

As this year draws to a close I have just read Dr. Oram Kline's notice of the planned 25th reunion for our class of 1945 next Spring. I suddenly am reminded that next June will not only be the 25th anniversary of my graduation from Jefferson, but also will complete 25 years of commissioned service in the Medical Corps of the U.S. Navy. Now that Jim Lee has retired I guess that leaves me the only member of my class still on active duty in the Navy. I believe the last time I corresponded with the college I had returned from three years duty as Chief of Surgery at the Navy Hospital in Japan and after a year as Assistant Chief of Surgery at the Naval Hospital San Diego, went to the Naval Hospital at Camp Pendleton, California, as Chief of Surgery.

To bring you up to date I was Executive Officer there for a year and on July 1, 1969, was ordered to the Naval Hospital San Diego, California, as Executive Officer and am still serving in that capacity. My wife, Pat, and my two daughters, Libby, age 12, and Laura, age 10, and I reside in Quarters C on the grounds of the Naval Hospital.

Of interest is the fact that my next door neighbor, Bob Laning, who is Chief of Surgery here, was in the class of 1948 at Jefferson and another neighbor, Carl Bemiller, who is on the Cardiology staff was in the class of 1958 at Jefferson. My Commanding Officer, Rear Admiral H. G. Warden, is an alumnus of Rush Medical College but he relieved Rear Admiral H. J. Cokely, who is an alumnus of the class of 1931, as Commanding Officer. Admiral Cokely is retired and living in San Diego now. Incidentally Lt. Cmdr. James R. Warden, the son of the Commanding Officer, is a Jefferson alumnus '65, and is a resident in general surgery at the hospital.

Jefferson is well represented on our staff at the Naval Hospital San Diego. I went through the roster recently and found the names of those on our staff who are Jefferson alumni.

Capt. Robert C. Laning '48	Chief of Surgery
Cmdr. Robert A. Brown '55	OB-Gyn staff
Cmdr. Peter W. Herbert '60	OB-Gyn staff
Lt. Cmdr. Donald J. Kearney '66	Medical staff

Lt. Cmdr. Francis K. Moll, Jr. '58	Orthopedic staff
Cmdr. Victor G. Schorn '55	Neurosurgery staff
Cmdr. Carl R. Bemiller '58	Medical staff (Cardiology)
Lt. Cmdr. James R. Warden '65	Surgical resident
Lt. Donald Rothfeld '63	Medical staff (Cardiology)
Lt. Walter J. Reynolds '67	Medical staff
Lt. Campbell M. Davis '67	Out-patient service
Lt. Cmdr. Albert K. Rogers '61	Cardiovascular resident

Thus you can see that out of a staff of over 300 doctors, Jefferson is fairly well represented. There are a few other Jefferson alumni that I see occasionally. Captain Louis Ballenberger, class of 1941, is the senior medical officer of the dispensary at the Naval Air Station North Island in the San Diego area.

Although, Bill Herrick (the class of 1947 and a Phi Chi fraternity brother of mine at Jefferson) is no longer in the Navy he is a prominent pathologist here in the San Diego area and was recently elected President-elect of the San Diego County Medical Society.

Researching the history of the Naval Hospital San Diego I came across an old photograph, taken in Balboa Park in 1917, of the medical department attached to the Naval Training Camp set up during World War I. One of the junior medical officers in the group was Assistant Surgeon Louis Clerf. He was class of 1912, several years ahead of my father and head of the Otolaryngology Department when I was a student. I understand he has retired and is living in Florida now.

It is hard to keep up with all the many advancements that Jefferson has made in the 25 years since I graduated and since I haven't visited Philadelphia for almost 12 years I am sure I would not recognize the area around the college building now. I hope to return there so that I can see for myself.

William T. Lineberry, Jr.  
Captain (MC) USN

## 1951

**Dr. William A. Abelove**, 555 Biltmore Way, Coral Gables, Fla., sends news that he has been promoted to Clinical Associate Professor of Medicine at the University of Miami School of Medicine.

**Dr. Bruce W. Raffensperger**, 400 Bellaire Ave., Ft. Washington, Pa., has been appointed to a four year term as Director of Obstetrics and Gynecology at Chestnut Hill Hospital. The Raffenspergers have six children.

**Dr. David J. Reinhardt III**, 400 Bay Ave., Lewes, Del., has been elected to the Board of Directors of the American Heart Association of New York for a three year term.

## 1952

**Dr. James P. Comerford**, 488 Levin Ave., Mountain View, Calif., has been practicing anesthesiology in San Jose, since 1966. He took his residency at Los Angeles County General Hospital in 1964. Dr. Comerford hopes to revisit Jefferson in 1972 in time for his twentieth reunion.

**Dr. Edward W. Ditto, III**, 217 W. Washington St., Hagerstown, Md., has been elected President of the Washington County Medical Society. Dr. Ditto also is serving as Chairman of the Society's Committee on Drug Abuse.

**Dr. Leo C. Partyka**, Colonel, USAF, has assumed duty as commander of the hospital at Malmstrom AFB in Montana. Prior to this he served at Ching Chuan Kang AFB in Taiwan.

## 1953

**Dr. Willard S. Krabill**, 120 Carter, Goshen, Ind., is senior member of a group practice, four of whom are Jefferson graduates. He is also physician at Goshen College and visited Goshen's overseas campuses last November.

**Dr. Roger D. Lovelace**, 806 S. Broadway, Pitman, N. J., is plant physician for Owen-Ilinois after working ten years in the public schools. Dr. Lovelace was Gloucester County Medical Examiner for two years and also served as Vice President of the Gloucester County Medical Society.

## 1954

**Dr. Alfred P. Spivack**, 680 University Ave., Palo Alto, Calif., divides his time between running a practice and doing clinical teaching at Stanford University Division of Cardiology as Director of the Coronary Care Unit.

## 1955

**Dr. Burton S. Benovitz**, 425 Tioga Ave., Kingston, Pa., writes that he is still enjoying the practice of ob-gyn with his two associates, one of them Dr. Paul D. Griesmer '54. He is looking forward to his fifteenth reunion.

**Dr. Carl W. Boyer, Jr.** has opened a private practice of therapeutic radiology in Honolulu following his tour of military service. The family is residing at 940 Maunawili Circle, Kailua, Hawaii.

**Dr. J. Hubert Conner**, 420 Fox Chase Lane, Media, Pa., is in his tenth year of private orthopedic practice in Chester, Pa. Dr. William A. Coyle '56, and Dr. James A. Thomas, Jr., '60, also orthopedic surgeons, are practicing in the Chester area.

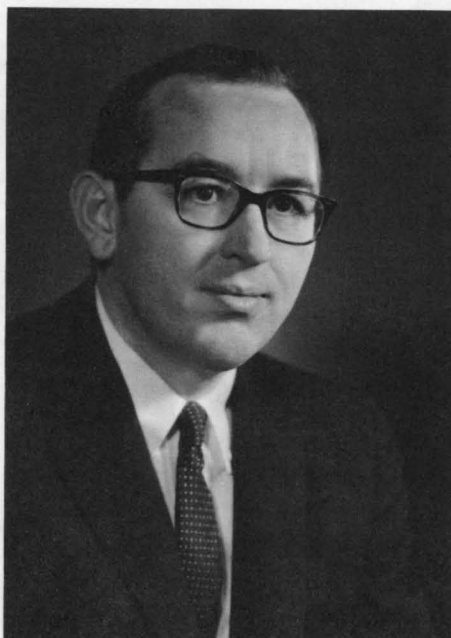
**Dr. Thomas W. Georges, Jr.**, has returned to Temple University's Health Center in Philadelphia where he will assume the post of Associate Vice President for Community Health Services. Dr. Georges resigned recently as Public Welfare Secretary and Acting State Secretary of Health for the Commonwealth of Pennsylvania.

**Dr. William T. Holland, Jr.**, 899 Grove St., Meadville, Pa., was initiated as a fellow in the American College of Surgeons last October and was received as a Diplomate in the American Academy of Ophthalmology a week later. The Hollands have four children.

**Dr. Philip H. Taylor**, 2220 Cheltenham Rd., Columbus, Ohio, a general surgeon has been named President Elect of the Academy of Medicine of Columbus and Franklin County.

## 1956

**Dr. Wallace T. Miller**, 3105 Coulter St., Philadelphia, has been promoted to Associate Professor of Radiology at the University of Pennsylvania. He also was named recently as recipient of the Lindback Award for Distinguished Teaching.



*Dr. Miller*

**Dr. Henry H. L. Yim**, 45-939 Kamehameha Hwy., Kaneohe, Hawaii, writes that he has been elected Chief of Staff for a two year

term at the Children's Hospital in Honolulu. He took office last July.

## 1957

**Dr. Richard H. Keates**, 410 W. 10th Ave., Columbus, Ohio, is the co-author of a recent book titled "Manual of Diseases of the Cornea."

**Dr. Ronald M. Match**, 7 Whitney Circle, Glen Cove, N. Y., presented a paper "Avulsion of the Flexor Profundus Tendon Insertion" at the meeting of the American Association for the Surgery of Trauma in Portland, Ore., recently.

**Dr. Penn P. Shelley** is in general practice with the Roxbury Medical Group in northern New Jersey. "Presently there are six GP's and ten specialists. Would like to hear from any Jefferson graduates who might be interested." Dr. Shelley added, "visited Jefferson Hall in September during AAGP meeting in Philadelphia. Saw Frank Thomas '57, who is in general practice in Hancock, Md., and Don Dill '58, who is practicing in Coronado, Calif. Enjoyed a tour of Jefferson Hall, complete with coed swimming. Boy, what we missed!"

**Dr. Ronald J. Yadusky**, VA Hospital, Fayetteville, N. C., became a member of the American College of Surgeons last October and was Board certified in thoracic surgery.

## 1958

**Dr. Malcolm L. Cowen**, USN Hosp.-Box 7724, FPO, San Francisco, is presently serving as Chief of the Laboratory at Guam Naval Hospital.

**Dr. George E. Hudock, Jr.**, 51 E. Valley View Dr., Courtdale, Pa., has been named by Gov. Raymond Shafer as Coroner for Luzerne county.

**Dr. Robert G. Somers**, 3229 Burn Brae Dr., Dresher, Pa., was recently awarded a fellowship in the American College of Surgeons. He is now practicing general surgery at Albert Einstein Medical Center in Philadelphia.

## 1959

**Dr. Stephen R. Murray**, 301 S. 22nd St., Easton, Pa., has taken a fourth associate, Dr. James F. Bisset, Jr., '62, into his ob-gyn practice. He and Dr. Bisset were fraternity brothers at AKK while they were at Jefferson.

## 1960

**Dr. Neil R. Feins**, 29 Accord Pond Dr., Hingham, Mass., writes to tell us that he is now working at Boston City Hospital, Boston University, and Harvard. Dr. Feins is Director of Pediatric Surgery and Surgeon-in-Chief at Boston City Hospital. He is also Assistant Professor of Surgery at Boston University and Instructor of Surgery at Harvard.

**Dr. Joseph M. Gagliardi, Jr.**, Forest Glen Dr., Woodbridge, Conn., sends news that he was accepted as a Fellow at the January con-



vention of the Academy of Orthopaedic Surgery. Dr. Gagliardi was admitted as a Fellow to the American College of Surgeons in the fall.

**Dr. John M. Hess**, 1037 N. Shore Rd., Norfolk, Va., has left the service and joined a group practice in anesthesiology in Norfolk. He received his American Boards in Anesthesiology last spring.

**Dr. John Hetherington, Jr.**, 224 Evergreen Dr., Kentfield, Calif., devotes equal time to his practice and the teaching of ophthalmology at the University of California Medical Center in San Francisco.

**Dr. Harold J. Kobb**, 74 Windham Way, Freehold, N. J., is acting Medical Director at the New Jersey State Hospital at Marlboro.

**Dr. Francis W. Wachter**, 28 Georgia St., Valley Stream, N. Y., is now a Commander in the Navy. He is working at St. Albans Naval Hospital as Chief of Laboratory Service. The Wachters had their second child, a girl, Pamela, in February.

## 1961

**Dr. Allen L. Davies** announces the opening of his office at 1307 N. Rodney St., Wilmington, Del., for the practice of thoracic and cardiovascular surgery. Dr. Davies completed his army service as a Lieutenant Colonel.

**Dr. James S. Horewitz**, 5675 Chelton Dr., Oakland, Calif., is now in private psychiatric practice specializing in family and group therapy in Berkeley.

**Dr. Barry M. Kotler**, 17 Meredith Pl., West Piscataway, N. J., writes that he is presently engaged in general and industrial medicine.

**Dr. George J. Racho**, 22 N. Church St., Hazleton, Pa., recently started a private practice in otolaryngology.

**Dr. Jerome Spivack**, 1606 Wildwood Dr., Augusta, Ga., is returning to Irvington, N. J., this summer, to begin a practice in plastic and reconstructive surgery after two years of service at Fort Gordon in Augusta.

**Dr. Theodore W. Wasserman** has opened an office at 424 Pine St., Philadelphia, for the practice of psychiatry.

## 1963

**Dr. George M. Breza**, Martin Army Hospital, Dept. of Medicine, Ft. Benning, Ga., was Board certified in internal medicine in December. He is presently Chief of Medicine at Fort Benning.

**Dr. Francis T. Fitzpatrick**, 10 Trebing Lane, Willingboro, N. J., has opened a practice in pediatrics with Dr. Cyrus Houser '64, and two other pediatricians in Willingboro. All four doctors are members of Jefferson's Department of Pediatrics.

**Dr. Ronald O. Gilcher**, 525 Thayer Ave., Silver Spring, Md., is now a Major with the U.S. Army. He is presently stationed and is working in hematology at Walter Reed Army

Institute of Research. Dr. Gilcher has been Board certified in internal medicine.

**Dr. William H. Leschey, Jr.**, 297 W. Promenade, Portland, Me., is presently in "solo" practice in neurology in Portland.

**Dr. William S. Mainker**, 516 Cherry St., Elizabeth, N. J., has opened a private practice in gastroenterology with another Philadelphia internist.

**Dr. Herbert C. Rader** has been appointed Assistant Chief Medical Officer at the Catherine Booth Hospital in Nagercoil, Madras State, India. It is a 385 bed general hospital administered by the Salvation Army.

**Dr. Robert Zavod**, 3563 Bainbridge Ave., Bronx, N. Y., is finishing a residency in radiology at Montefiore Hospital and Medical Center in 1970. He will remain there for a year as an attending Radiologist. The Zavods had their first child, Abigail, in October.

## 1964

**Dr. Robert L. Alan**, 16 East Court, Willingboro, N. J., is a resident in ophthalmology at Wills Eye Hospital in Philadelphia following three years in Germany as Flight Surgeon. The Alans have three children, two boys and a girl.

**Dr. Richard L. Bennett** announces the opening of his office at 611 W. Market St., Akron, Ohio, for the private practice of obstetrics and gynecology.

**Dr. Donald F. Eipper**, 7 Van Meter Ter., Salem, N. J., tells us that he will start a renal fellowship at Cleveland Clinic this August. Dr. Eipper holds the rank of Major in the Army and is stationed at Valley Forge General Hospital.

**Dr. Stanley C. Foster**, 240 E. Palisade Ave., Apt. G-8, Englewood, N. J., is now in his third year of residency at Columbia-Presbyterian Medical Center in New York and plans to remain on the staff next year.

**Dr. James M. Fox**, 612 Penn Ayr Rd., Camp Hill, Pa., is presently Director of the Emergency Room and Outpatient Department at Holy Spirit Hospital, Camp Hill.

**Dr. Richard D. Shapiro**, 1373 E. Market St., Warren, Ohio, has entered solo practice of ophthalmology in Warren and is on the staff of St. Joseph and Trumbull Memorial Hospitals there.

## 1965

**Dr. Arthur N. Triester**, 7373 Ridge Ave., Apt. 344, Philadelphia, is now taking a medical residency at Jefferson and will start a cardiology fellowship in July.

## 1966

**Dr. Steven A. Friedman**, 71 Suburban Lane, Upper Darby, Pa., worked with the U.S. Public Health Service for two years in Houston, Texas. He is now a resident in internal medi-

cine at Philadelphia General Hospital, University of Pennsylvania Service.

**Dr. Robert L. Fronduti**, 168 Jamestown Ct., Pittsburgh, Pa., is now in his first year residency in ob-gyn at the Magee-Womens Hospital of the University of Pittsburgh School of Medicine.

**Dr. Joseph A. C. Girone**, P.O. Box 896, Browning, Mont., has joined the Public Health Service and is working as a pediatrician at the Blackfeet Reservation in Browning. He tells us that he finds both the land and the work fascinating.

**Dr. Thomas J. Hegarty, Jr.**, 1606 Westwood Rd., Charlottesville, Va., has completed a tour of duty with the Navy and is now at the University of Virginia Hospital as a resident in psychiatry.

**Dr. Warren D. Lambright**, E. P. C. Hospital, P.O. Box 5, Adidome, Volta Region, Ghana, West Africa, writes that after a short time in Accra he moved to a mission hospital in Adidome that cares for a population of about 75,000 in a forty-five to eighty-five mile radius. "One learns to adapt to many situations not encountered in the States. Communicable diseases are common. Emphasis is on nutrition and we're developing maternal child clinics in the villages." Dr. Lambright also sends news of the birth of a son, Eric Shawn, on Feb. 11.

**Dr. Thomas B. Moll**, Stratford Hills, Apt. 26-B, Chapel Hill, N. C., writes that, after serving a year as Preventive Medicine Officer in Chu Lai, South Vietnam, he is now a resident in ophthalmology at the University of North Carolina.

**Dr. Paul L. Schraeder**, 5523 Gettle Ave., Madison, Wis., has completed two years in the Air Force and is now a resident in neurology at the University of Wisconsin.

**Dr. Carl R. Steindel**, 7741-A Nelson Loop, Ft. George G. Meade, Md., will return to Jefferson to complete his residency in orthopedic surgery after finishing a two year tour of duty with the Army in July. The Steindels had a son, Hunter Carl, born October 3rd, 1969.

## 1967

**Dr. G. Thomas Balsbaugh**, 3507 Hillcrest Rd., Harrisburg, Pa., is presently doing a residency in radiology at Harrisburg Polyclinic Hospital. The Balsbaughs had a second child, Amy Jill, last July.

**Dr. Robert G. Little, Jr.**, PHS Hospital, Browning, Mont., has been accepted for family practice residency at St. Joseph's Hospital, Syracuse, N. Y., beginning July 1.

**Dr. Bruce S. Samuels**, 1867 Myrtle Dr., #28 S.W., Atlanta, Ga., will start a residency in internal medicine at Harbour General Hospital, Torrance, Calif., in July.

**Dr. Stephen Slogoff**, 521-A-2 Beacons Ct., Andalusia, Pa., is presently serving a residency in anesthesiology at Jefferson. The Slogoffs had a baby girl, Michel Ilyse, last April.

**Dr. Melvyn A. Wolf**, MC USNR Maintenance Bn., BAS, FLC 1st FSR FPO, San Francisco, Calif., is presently serving as a Naval physician in Vietnam. He is stationed with the Marines as Battalion Surgeon for Maintenance Battalion and First MP's Battalion.

## 1968

**Dr. William J. Dennis**, 2600 W. Lawrence St., Philadelphia, writes that he is now in his first year of pediatric residency at St. Christopher's Hospital for Children and enjoying it very much.

**Dr. William K. Grossman**, 1000 Walnut St., Apt. 602, Phila., will begin a residency in psychiatry at the Pennsylvania Institute in July.

## 1969

**Dr. Melvin A. Johnson**, 589 Wilson Dr., Xenia, Ohio, has been appointed Chairman of the Department of Biology at Central State University, Wilberforce. Dr. Johnson received his doctorate last June at Jefferson.

**Dr. David B. McConnell**, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, Mich., will begin a residency in general surgery at St. Joseph's Mercy Hospital in July 1970.

**Dr. Suzanne R. Springer**, 740 N. Duke St., Lancaster, Pa., announces her marriage to Dr. John Victor Zeok '67, October 25, 1969. Dr. Zeok is a second year surgery resident at Jefferson.

**Dr. Mitchell A. Weinstein**, 5 Jackson Ct., Burlington, Vt., will begin a residency in general surgery this summer at Pennsylvania Hospital, Philadelphia.

# Obituary

## George J. Feldstein, 1906

Died November 14, 1969, in Pittsburgh, Pa. Dr. Feldstein was on the staffs at Montefiore Hospital, the Jewish Home for Babies, West Penn Hospital and Children's Hospital in the Pittsburgh area.

## Morrison C. Stayer, 1906

Died September 24, 1969, in Carlisle, Pa., where he had resided for twenty-three years since his retirement from the U.S. Army in 1946, with the rank of major general. Dr. Stayer was a past President of the Board of Trustees of Carlisle Hospital, and also served as Vice-President and President of the Cumberland County Tuberculosis and Health Association.

## Maxwell B. Kremens, 1908

Died November 11, 1969, at Jefferson. Dr. Kremens practiced medicine here for fifty-nine years before retiring in 1967. He is survived by his wife, Ethel, and his son, Dr. Jack B. Kremens '51, superintendent at Haverford State Hospital.

## Herman H. Walker, 1909

Died December 5, 1969. Dr. Walker practiced in Linesville, Pa., for over fifty years. He was President of the Crawford County Medical Society. Dr. Walker is survived by his wife, Bertha, and two children.

## Elvin W. Keith, 1913

Died December 23, 1969, in Pottsville. He practiced for over fifty-four years in Minersville, Pa. Dr. Keith is survived by his wife, Catherine, and a son.

## Norman J. Quinn, 1913

Died January 16, 1970, in Atlantic City, N. J. Dr. Quinn, an obstetrician practicing in Ventnor, was a former president of the Reciprocity Club of America and the Atlantic County Medical Society. He is survived by his wife, Elizabeth, and a son, Dr. Norman J. Quinn, Jr., '48.

## Auley McRae Crouch, 1916

Died January 5, 1970. He had practiced in Wilmington, N.C., for over fifty years and served as the first epidemiologist in the state.

## H. Frank Starr, Sr., 1916

Died September 24, 1969, at his home in Sedgfield, Pa. Dr. Starr served as Medical Director and was a Vice President of Jefferson Standard Life Insurance Company for fourteen years until his retirement in 1959. He is survived by his wife, Virginia, and two children.

## Robert L. Miller, 1917

Died October 18, 1969, in the Halifax Hospital, Daytona Beach, Fla., where he had been a staff member. Dr. Miller was twice elected President of the Volusia County Medical Society and served as Secretary of the Society for more than twenty years.

## Albin R. Rozploch, 1917

Died July 28, 1969, in Chester, Pa.

## Furman Angel, 1918

Died September 1, 1969. Dr. Angel

was a well known surgeon. He and his brother co-founded the Angel Hospital in 1923. Dr. Angel resided in Franklin, N.C., and is survived by his wife, Louise, and a son.

## C. Calvin Fox, 1918

Died September 29, 1969, at Jefferson. Dr. Fox was Honorary Clinical Professor of Otolaryngology at the time of his death, and had associations with Jefferson dating from 1920. He was in private practice until last year. Dr. Fox was a member of the Executive Committee of the Alumni Association.

## Herbert H. James, 1918

Died September 30, 1969, in Butte, Mont. Dr. James helped organize the Montana-Wyoming regional section of the American College of Surgeons and held every office in the Montana section, including the presidency in 1956. Dr. James organized the first tumor clinic in Montana, the Mary E. Swift Cancer and Tumor Clinic. He is survived by his wife and three children.

## Lewis P. Sonda, 1919

Died November 24, 1969.

## Jesse L. Amshel, 1920

Died December 3, 1969, in Pittsburgh, Pa.

## Lloyd A. Hamilton, 1920

Died November 27, 1969. Dr. Hamilton, a resident of Lambertville was trustee for eleven years of the New Jersey Medical Society, served as President of the Hunterdon County Medical Society four times and was President of the Association of Physicians and Surgeons of the Penn Central Railroad. He is survived by a daughter and two sons.

## Antonio Navas, 1920

Date of death unknown. A resident of Puerto Rico.

## James M. Reed, 1920

Died July 16, 1969, in Morgantown, W. Va.

## Francis C. Lutz, 1923

Died August 13, 1969, at his home in Rosemont, Pa. He is survived by his wife, Euna.

## John A. Mackie, 1923

Died July 16, 1969, in Hamilton, Ohio.

## Alan P. Parker, 1923

Died January 19, 1970, at Bryn Mawr



Hospital, Pa., where he had been Chief Surgeon. Dr. Parker was an Instructor in Surgery at Jefferson from 1929 to 1959. He is survived by his wife, Janet, and two sons.

**Myer W. Rubenstein, 1923**

Died September 7, 1969. Dr. Rubenstein was Clinical Associate Professor of Dermatology at the University of Pittsburgh School of Medicine and was on the staffs of Montefiore and the Presbyterian-University Hospitals. He is survived by his wife, Belle, and two children.

**A. Lincoln Sherk, 1923**

Died January 4, 1970, in Jefferson. Dr. Sherk practiced in Camden for forty-five years. An authority on botany, minerology, and geology, he founded the Delaware Valley Earth Sciences Society. Dr. Sherk was a member of the New York Academy of Sciences and the Wanger Institute. He is survived by his wife, Mary, and three children.

**Jesse W. Beeghley, 1926**

Died November 11, 1969, in Philadelphia.

**Harry D. Collett, 1928**

Died November 30, 1969. Dr. Collett, an otolaryngologist, was on the staff of Altoona Hospital, Pa.

**John A. Jamack, 1928**

Died August 6, 1969, in San Bernardino, Calif.

**Lewis K. Hoberman, 1929**

Died November 17, 1969 in Temple University Hospital in Philadelphia. He was an Associate Professor of Obstetrics and Gynecology at Temple where he had taught for over forty years. In 1968 Dr. Hoberman received the Christian R. and Mary Lindback Foundation Award for Distinguished Teaching. Surviving are his wife, Esther, and three children.

**Walter H. Caulfield, 1930**

Died December 11, 1969, at the Monroe County General Hospital, Pa., where he had been a staff member. Dr. Caulfield was a past President of the Monroe County Medical Society. He is survived by his wife, Helen, and two sons.

**David P. Findley, 1930**

Died December 6, 1969.

**Henry D. Stailey, 1930**

Died August 23, 1969, in the Santa Rosa Memorial Hospital, Santa Rosa, Calif. Dr. Stailey had been Medical Director of the Sonoma County Hospital.

**Benjamin A. Roccapiore, 1931**

Died January 3, 1970, in Middletown, Conn. Dr. Roccapiore was the public school physician in Middletown for twenty-eight years and served on the Board of Health. He was also an attending physician at Middlesex Memorial Hospital. He is survived by his wife, a son, and three daughters.

**Edward W. Custer, 1933**

Died August 30, 1969. Dr. Custer was affiliated with Healthwin Hospital and resided in South Bend, Ind.

**Leon N. Prince, 1933**

Died January 27, 1970 at his home in Philadelphia. Dr. Prince was an Associate Professor of Obstetrics and Gynecology at Jefferson and had been a member of the faculty since 1947. Many of his articles appeared in the American Journal of Obstetrics and Gynecology and Clinical Obstetrics and Gynecology. Dr. Prince was a member of the Executive Committee of the Alumni Association and served as agent for his class in the Annual Giving Program. Surviving are his wife, Marie, a son, Dr. Robert L. Prince '63, and two daughters, Patricia, and Mrs. Paul Cirilis.

**Milton B. Sloane, 1936**

Died June 10, 1969. Dr. Sloane was Director of the Department of Dermatology at the Bergen Pines Hospital in Paramus, N.J., and Chief of the Dermatology Service at the Englewood Hospital.

**Thomas V. R. Lerch, 1937**

Died November 2, 1969. Dr. Lerch was Chief of Proctology at the Reading Hospital, Reading, Pa. He is survived by his wife, Marjorie, and four daughters.

**William C. Taft, 1940**

Died September 11, 1969, in Carlisle, Pa.

**Joseph J. Regan, 1941**

Died December 4, 1969, in Tallahassee, Fla. Dr. Regan practiced medicine in St. Petersburg, Fla., for twenty-three years until he moved to Tallahassee in 1967. Dr. Regan is survived by his wife, Margaret, and eight children.

**Auley McR. Crouch, Jr., 1943**

Died August 29, 1969, in Wilmington, N.C. His father, a member of the class of 1916, died January 5. (See above.)

**Mrs. Pascal Brooke Bland**

Died November 23, 1970. Mrs. Bland, widow of the late Professor of Obstetrics, was ninety-one at the time of her death last fall. She was a well known amateur poetess and painter and many of her works are to be found in offices around the College. Mrs. Bland was a very active member of the Women's Board at Jefferson and devoted much time to its business. She was a member of the National Society of Magna Carta and the Daughters of the American Revolution. Surviving are two daughters, Mrs. Helen Coulter and Mrs. Harriet Myers.

**J. Warren Brock**

Died November 14, 1969. Mr. Brock was a partner of the law firm of Obermayer, Rebmann, Maxwell & Hipple. He was solicitor for Jefferson Medical College from 1943 and served as Secretary of the Board of Trustees from 1957. He was graduated from Allegheny College and the University of Pennsylvania Law School in 1926. Surviving are his wife, Frances, and a son, John, Jr.

**Nicholas A. Michels**

Died October 27, 1969 at Jefferson. Dr. Michels, Emeritus Professor of Anatomy, taught at the College for thirty-four years. He graduated from St. Thomas College in St. Paul, Minn., received his master's degree from the University of Minnesota and a doctorate from the University of Louvain, Belgium. Dr. Michels, author of hundreds of papers, was a world authority on the variational anatomy of the blood supply of the abdominal organs. Surviving are his wife, Hilda, a daughter, Mrs. Sidney A. Parsons, Jr., and a son, Dr. H. Harvey Michels. (See page 47 for tribute to Dr. Michels.)

## Reflections on a Teacher: Nicholas A. Michels

A recent obituary in one of the medical journals notes the passing of Dr. Nicholas A. Michels as follows.

"Dr. Nicholas A. Michels, 78, Professor Emeritus of Anatomy at Jefferson Medical College, died October 27, 1969 in Philadelphia. Dr. Michels was an authority on variational anatomy of the blood supply of the abdominal organs."

I feel that Nicholas Michels deserves a better send-off than that—because he was probably one of the finest teachers and one of the most humane and genuine characters ever to have been associated with Jefferson Medical College. My contact with Nick Michels goes back to my childhood (now receding into a rather dim past), and he certainly bears a great burden of the responsibility for my own medical career. His life and work were intertwined with my father's teaching career at Jefferson in the Department of Anatomy at the Daniel Baugh Institute and largely through his efforts, an old microscope was made available for my use at ten years of age which certainly promoted my scientific curiosity. During my childhood I especially remember looking forward to frequent visits to the Michels' farm in Colmar, and remember particularly well Nick Michels dressed in some old tattered overalls, but proud as punch over the new water pump in his front yard, scattering feed to his many chickens and Muscovy ducks, and picking apples from the many trees which surrounded the old farmhouse. I like to remember a very proud father who adored two red-haired kids (Harvey and Adele) now fully grown, and proud parents of handsome children of their own.

Nick Michels had an extensive education in various European and American Institutions and was well traveled. He had an exceptional knowledge of various languages including French, German, Latin and Greek. Because of his early Jesuit training, he also had a fair to middling knowledge of both written and spoken Hebrew. I recall that Dr. Michels was an honored guest at my Bar Mitzvah (at the age of 13) and one of my favorite memories is of Nick Michels holding a learned conversation with Rabbi Max D. Klein who was rather surprised to find that Nick could both read and understand Hebrew and was also surprisingly conversant in Talmudic studies. One of the memories I have is that of those two intense figures, with heads huddled together in the waning light of a late afternoon sun, sipping wine and discussing Hebrew scripture.

Although not an obviously observant man, Nick was probably one of the most religious men that I

have ever met. I think that no student in Anatomy will ever forget the admonition of this black-garbed figure during the first hours of the Gross Anatomy laboratory when the cadavers were unwrapped. "The body is the temple of the soul . . . Somebody had borne this body out of pain, suckled and loved this body . . . The approach to the dissection of the human body is a sacred privilege, not to be sullied by levity or sacrilege." I recall the complete silence in the entire laboratory during this introductory speech, and the gruff voice which seemed to emerge strangled from his very heart.

Nick was not the most polite or politic of men. He would brook no obvious foolishness or ignorance. He was a man in awe of the structure and mechanics of the human body and was always concerned that due to his failings, a student might leave DBI and out of ignorance make some stupid mistake in practice. The anatomy lab would be frequently punctuated by sudden quizzes, preceded by a banging on a tin can. I can well remember his gruff voice sounding suddenly out of the blue and calling out "Christy!" or "Centrone!" "Give me the branches of the celiac axis!" I can remember (his voice booming out in accompaniment to the crashing of tools to the floor) the startled student springing to his feet in an attempt to answer this verbal assault. His approach was aimed at not embarrassing the budding physician, so much as to point up areas of ignorance and misinterpretation.

Nicholas Michels was a great favorite of many of the students at Jefferson and his farm was on many occasions a place for picnics and social events. The farm boys in the class used to love to get out to the fields with sickles and hoes, to pick fruit and feed the animals and finish off a long day of unaccustomed labor with a keg of cold beer.

Nicholas Michels' scientific work was of excellent caliber. Although he is well known for his work on the vascular supply of the abdominal organs, perhaps less well known is the fact that Nicholas Michels was a pioneer in histology and histochemistry and published the earliest work on the mast cell which has become a classic work in the field. He was possessed of a humane tradition and a simple peasant honesty which will be forever missed. He will be remembered by generations of grateful medical students, by his contemporaries and colleagues as a great, gruff character with an uncommon ability to communicate, with undeniable humility and humanity.

**Rachmel Cherner '55**



*continued from inside front cover*

not refuse, namely, to return to his Alma Mater as Professor of Surgery, a post which he occupied for the next twenty-six years.

It is not my intention to list here the many accomplishments of Samuel D. Gross during his long professional career as an anatomist, pathologist, physician, surgeon, teacher and author, for these are well known to you and well documented elsewhere. It is appropriate, however, to indicate here that Samuel D. Gross possessed great powers of organization. He was a founder of the Kentucky State Medical Society, the Medical Jurisprudence Society of Philadelphia and the Philadelphia Pathological Society, and is known as the father of the American Surgical Association. It is not surprising, therefore, that Gross recognized the need for an Alumni Association at Jefferson, based, as he said "on the maxim that in union there is strength," and together with a group of illustrious colleagues proceeded to organize the Association. The first meeting was held exactly one hundred years ago tonight with Samuel D. Gross presiding. Many of the great names of American Medicine were among the founders. Nathan L. Hatfield and Washington L. Atlee were two of the four vice presidents. J. Ewing Mears was the recording secretary and Richardson J. Duglison the corresponding secretary. Among those on the first executive committee were J. Aitken Meigs, J. M. DaCosta, William Goodell, W. W. Keen, S. Weir Mitchell and William H. Pancoast.

In his presidential address on the first anniversary of the Alumni Association, Gross commented particularly upon the purposes and function of an Alumni Association and emphasized that it should be a vigorous, working, truly effective group and provide more than just nostalgic good fellowship. He likened the relationship of the college and her alumni association to that of a mother and her son. "What is more natural," he said, "than for a son to foster and uphold his mother? To watch over her interests and protect her from insult and injury? To stand by her in adversity, to rejoice with her in prosperity, to be to her as a staff and a rod in her onward career, to stretch forth his arm when she is in danger of falling; in a word to stand by her in good report and evil report, ever ready to comfort, solace and support her?" He then went on to say, "Thus working together for good, mother and son are alike interested in each other's welfare, well knowing that what affects the one most, to a greater or lesser extent, affects the other." These eloquent words ring as true today as they did a hundred years ago, and are the essence of the heritage which makes Jeffersonians the most loyal of all medical school alumni.

From its very inception, the Alumni Association recognized the need of a critical evaluation of the medical college as the first step in formulating plans for maintaining the reputation of Jefferson as a great institution of medical learning. In his presidential address, Gross painted a broad

picture of his idea of a great medical school as one far in advance of any which then existed, including a four year curriculum, a college connected hospital, daily clinical instruction, a full complement of instructors in the preclinical and clinical subjects and the establishment of chairs in pathologic anatomy, medical jurisprudence, medical history, medical ethics, psychiatry and medical psychology. He then went on to list some of the more immediate goals which he felt could be more promptly undertaken and to which the Alumni Association could lend support. These included a new college building, the development of a general dispensary to foster clinical teaching, the establishment of a Prize Fund, the endowment of scholarships and professorships, the development of a great museum, the building-up of a great library, an historical collection of Jefferson's prominent alumni, and finally a collection of the portraits, busts and statues of the great men who devoted their lives to the service of the school. Most of these immediate goals were implemented in his life time and much of what he envisioned has come to pass. But as Gross said in his address "*Tempora mutantur, et nos mutamur cum illis*": Times change, and we change with them.

The Jefferson scene today is, indeed, vastly different. We are now not only one of America's major medical schools, but recently we have expanded uniquely into a medical university. Our alumni number more than 6800 members and constitute one of the largest medical alumni body in the country. Few will deny that by every criterion, including annual giving, it is also the most loyal. It is fully understandable, therefore, that such an alumni association should be deeply interested in the great expansion which is now taking place on the Jefferson campus, and vitally concerned with the attendant problems and changes in policy which necessarily accompany so rapid a growth spurt. Moreover, these are times when an alumni body such as ours must be ever vigilant in maintaining the pre-eminence of Jefferson as a medical school, and in preserving and extending those virtues which made her great as an institution which excelled in training practicing physicians. Dr. Gross put it succinctly when he said, "Clinical teaching has been a prominent feature of the institution almost from its inception, and no pains should be spared to maintain it at the highest possible point." This is our heritage, this is our forte, and this is our bounden duty in this day when our country so sorely needs doctors who can take care of *people*. However, this is not to imply that we should not excel in the pertinent basis sciences, or in medically oriented clinical investigation, for these are disciplines which are essential to the training of a good clinician. This was well exemplified in the training of Samuel Gross, himself, and it is for this reason that he came to be known as "America's first scientific physician."

It was with these thoughts in mind that the Alumni Association addressed itself on several occasions during the

past year to the Board of Trustees. We were frankly fearful that with the Jefferson expansion into a university the original goals of the medical college, which we hold as more vital today than ever, would be impaired by diversity and that the medical college as such would be weakened. And so it was with much gratification that the Alumni Association received reassurance from President Herbut and from Mr. Large, the Chairman of our Board of Trustees, that Thomas Jefferson University would develop as a medically oriented university and that Jefferson Medical College would retain its identity, in fact and in name, as the cornerstone of the expanded institution. We are now the Jefferson Medical College of Thomas Jefferson University. As loyal alumni, we shall continue our efforts to make certain that the growing institution will continue to follow the aims and aspirations of the "Good Old Jeff."

In our communications with the Board of Trustees we indicated, also, our firm belief that the Jefferson faculty must continue to strive for clinical excellence in order to fulfill our primary mission of training physicians and providing good patient care. To accomplish this we emphasized the need for a strong volunteer and part-time staff of academically oriented clinicians who will bring their patients to our hospital and teach the art and science of patient care. I am pleased to report that a faculty committee appointed to reply to our inquiries has recognized the validity of our stand, and Dean Kellow has stated that it will be administration policy to maintain a balanced faculty with a strong volunteer staff who will participate in patient care and in clinical teaching.

In my discourse, thus far, I have intimated that the Alumni Association has been able, on appropriate occasions, to make known its thinking on important issues to the administration or to the Board of Trustees. The development of such ready lines of communication has been enhanced by the fact that we now have three Alumni Trustees on the Board. These distinguished Alumni who are elected for a three year tenure, are the vital link joining the Alumni body to the parent institution. We are deeply grateful to Dr. Henry L. Bockus and Dr. Frank Braceland who were our first Alumni trustees and to our current team of Drs. David Allman, George Willauer and Harold L. Stewart.

Another area in which the Alumni Association has demonstrated its interest and loyalty to the school is that of fund raising. Despite increased governmental support to meet the escalating costs of medical education, most medical schools are in dire financial difficulty. Annual alumni giving has become more important than ever, particularly for the private institutions, not only as a source of revenue, but more particularly because the funds are not committed for a fixed purpose by a governmental agency. The Alumni are free to designate the funds for purposes which they believe are most vital for the welfare of the school. Jefferson Alumni have responded generously to this urgent need.

Since 1948 when the Alumni Annual Giving Fund was initiated, we have contributed more than three million dollars. What is more impressive is the big increase in the past several years, aided particularly by the increased enrollment in the advancement societies. Last year we just missed the \$350,000 mark and this year we are hopeful of reaching our goal of \$400,000. This is a record of which the Alumni Association can indeed be justly proud.

I come now to what I envision as the role of the Alumni Association in the years which lie ahead. I would like to point out that much of what I have said in this regard is based upon the increasingly important role which Alumni Associations everywhere will necessarily have to play in the conduct of private educational institutions. No one can deny the ever-increasing need of government support of all institutions concerned with medical training and health care. It is the private school, however, which is in the best position to maintain its goal and aspirations, and to conduct its affairs in a manner which it believes to be best for its students and the people whom they will serve. This, however, cannot be accomplished without great cost, without great effort and without constant attention to the aims and ideals of the institution. No group has a more personal interest in these trials and tribulations than the Alumni of a private institution. In today's parlance this is "their thing." Administrations and administrators will come and go, but the Alumni Association goes on forever, and, in the long run the future of the institution lies in their hand. It is, therefore, my belief that Alumni Associations in general, and of private institutions in particular, should assume an increasingly important role in the determination of policy by the Board of Trustees and in safeguarding its implementation by the Administration. Indeed, many private educational institutions are already pursuing such a policy, as demonstrated for example, in the role of such alumni bodies as the Board of Overseers at Harvard. Here at Jefferson a good start has been made by a dedicated Board of Trustees in admitting three alumni members to their body. I hope that the day is not far off when our proportional representation is increased. I hope also that the day will come when we too will have the equivalent of an Alumni Board of Overseers to report to the Board of Trustees and the Administration on the present state of Jefferson and its future plans.

One hundred years ago tonight Samuel Gross closed his address with the following exhortation. I can think of no more appropriate or timely remark to close my remarks tonight.

"Gentlemen Alumni! Before we part let us renew our vows of fidelity to our Alma Mater, resolve to stand by one another in all that is just, and good, and honorable in our new brotherhood, and solemnly declare, in the presence of Almighty God, that we will be ever true to the interests and behests of Hippocratic Medicine."





## ALUMNI CALENDAR

### March 19

Opening of Centennial Celebration  
Annual Meeting and Dinner,  
Jefferson Hall

### March 20

Parents Day Program

### April 9

Dinner, Tumblebrook Country Club, for  
alumni in Connecticut

### April 13

Reception, Jefferson Hall, in conjunc-  
tion with the meetings of the American  
College of Physicians

### April 14

Reception, Hotel Dorset, New York, in  
conjunction with the meetings of the  
American College of Obstetricians and  
Gynecologists

### April 24 to May 2

Faculty Wives Club Art Show,  
Jefferson Hall

### April 30

All day seminar, sponsored by the De-  
partment of Ophthalmology, Jefferson  
Hall

### April 30

All class reunion parties (see page 42)

### May 1

Class Reunion Day, Dean's Luncheon,  
Jefferson Hall

### May 1

Concert, The London Philharmonic at  
the Academy of Music, Philadelphia.  
Reception, Jefferson Hall

### May 2

Centennial Banquet, Jefferson Hall

### May 1 and May 2

Old Market Street Fair sponsored by  
Women's Board

### May 12

Reception, Mark Hopkins Hotel, San  
Francisco, in conjunction with the meet-  
ings of the American Psychiatric Asso-  
ciation

### May 13

Luncheon, Jefferson Hall, in conjunc-  
tion with the meetings of the American  
Urological Society

### May 14

Dinner, Lincoln Hills Country Club, for  
alumni in Southwestern Pennsylvania

### June 5

Commencement, Academy of Music

Dr. Elmer H. Funk, Jr.  
510 Millbrook Rd.  
Devon, Pa. Chester Co. 19333